

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90105 001 ***150.00

050622A AT

DOCUMENT # P41068

1. Entity Name

BEST BUY CO. OF MINNESOTA, INC.

Principal Place of Business

**P.O. BOX 9312
 MINNEAPOLIS MN 55440-9312**

Mailing Address

**P.O. BOX 9312
 MINNEAPOLIS MN 55440-9312**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

41-0907483

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CD	☐ Delete
NAME	SCHULZE, RICHARD M.	
STREET ADDRESS	5015 KNOB HILL DRIVE	
CITY-ST-ZIP	EDINA MN	
TITLE	PD	☐ Delete
NAME	ANDERSON, BRADBURY H.	
STREET ADDRESS	1874 SUMMIT AVENUE	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	VP	☐ Delete
NAME	LENZMEIER, ALLEN U.	
STREET ADDRESS	322 MISSISSIPPI BLVD.	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	SD	☐ Delete
NAME	KAPLAN, ELLIOT S.	
STREET ADDRESS	2812 SUNSET BLVD.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VP	☐ Delete
NAME	FENN, WADE R	
STREET ADDRESS	14560 STONE RD	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	VPC	☐ Delete
NAME	JACKSON, DARREN R	
STREET ADDRESS	290 WOODLAWN AVENUE	
CITY-ST-ZIP	SAINT PAUL MN 55105-1237	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darren R. Jackson 4/16/02 952/947-2000
 Date Daytime Phone #

CR2E034 (9/01)