

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90023 042 ***150.00

0598365

DOCUMENT # P93000024598

1. Entity Name
COMEXTER CARGO, INC.

Principal Place of Business
10051 NW 99TH AVE
STE 5
MEDLEY FL 33178
US

Mailing Address
8100 MITCHELL RD
STE 1200
EDEN PRAIRIE MN 55344
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0122113**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
FORT LAUDERDALE FL 33324

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **MULVEHILL, JOSEPH**
 STREET ADDRESS **8100 MITCHELL RD**
 CITY-ST-ZIP **EDEN PRAIRIE MN 55344**

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

TITLE **VPD** ☐ Delete
 NAME **GOVEN, GREG**
 STREET ADDRESS **8100 MITCHELL RD**
 CITY-ST-ZIP **EDEN PRAIRIE MN 55344**

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

TITLE **S** ☐ Delete
 NAME **GLEASON, OWEN**
 STREET ADDRESS **8100 MITCHELL RD**
 CITY-ST-ZIP **EDEN PRAIRIE MN 55344**

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

TITLE **TD** ☐ Delete
 NAME **WIEHOFF, JOHN**
 STREET ADDRESS **8100 MITCHELL RD**
 CITY-ST-ZIP **EDEN PRAIRIE MN 55344**

TITLE **Director** ☒ Change ☐ Addition
 NAME **John P. Wiehoff**
 STREET ADDRESS **8100 Mitchell Road, S**
 CITY-ST-ZIP **Eden Prairie, MN 55344**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Troy A. Renner**
 STREET ADDRESS **8100 Mitchell Road**
 CITY-ST-ZIP **Eden Prairie, MN 55344**

TITLE ☐ Delete
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Owen P. Gleason, Secretary 4/16/01

Date

952.937.8500

Daytime Phone #

CR2E034 (10/00)