2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P9600000637** Jan 24, 2000 8:00 am **Secretary of State** PCUC ACQUISITION SUB, INC. 01-24-2000 90040 008 ***150.00 Principal Place of Business Mailing Address 30 WEST SUPERIOR STREET 30 WEST SUPERIOR STREET LEGAL SERVICES DULUTH MN 55802 DULUTH MN 55802-2030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 41-1841070 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE CRANDELL, DONNIE R NAME NAME STREET ADDRESS STREET ADDRESS 1000 COLOR PL CITY-ST-ZIP CITY-ST-ZIP APOPKA FL Delete ☐ Change Addition vPTD TITLE TITLE BERGERSON, PHILIP NAME NAME STREET ADDRESS STREET ADDRESS 30 W SUPERIOR ST CITY-ST-ZIP CITY-ST-ZIP DULUTH MN ☐ Change ☐ Addition TITLE **VPSD** Delete TITLE NAME HALVERSON, PHILIP R NAME STREET ADDRESS 30 W SUPERIOR ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DULUTH MN VPGC** ☐ Delete TITLE ☐ Change Addition TITLE NAME ARMSTRONG, BRIAN NAME STREET ADDRESS STREET ADDRESS 1000 COLOR PLACE CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 TYPE FLORE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. | Date | D

CHZE034 (9/99)