

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90580 017 ***150.00

0566637

DOCUMENT # P97000054712

1. Entity Name

METRIS WARRANTY SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

600 SOUTH HIGHWAY 169
SUITE 1800
ST LOUIS PARK MN 55426-1222
US

600 SOUTH HIGHWAY 169
SUITE 1800
ST LOUIS PARK MN 55426-1222
US

C0020733

2. Principal Place of Business

3. Mailing Address

10900 Wayzata Blvd.

10900 Wayzata Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Minnetonka, MN

Minnetonka, MN

Zip

Country

Zip

Country

55305

55305

4. FEI Number

41-1880297

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 **D** ☐ Delete
NAME **ZEBECK, RONALD N**
STREET ADDRESS **600 SOUTH HWY 169M SUITE 1800**
CITY-ST-ZIP **ST LOUIS PARK MN 55426-1222**

TITLE **Director, President, CEO** ☒ Change ☐ Addition
NAME **Zebeck, Ronald N.**
STREET ADDRESS **10900 Wayzata Blvd.**
CITY-ST-ZIP **Minnetonka, MN 55305**

TITLE **CFOD** ☐ Delete
NAME **WESSELINK, DAVID D**
STREET ADDRESS **600 SOUTH HWY 169M SUITE 1800**
CITY-ST-ZIP **ST LOUIS PARK MN 55426-1222**

TITLE **CFOD** ☒ Change ☐ Addition
NAME **Wesselink, David D.**
STREET ADDRESS **10900 Wayzata Blvd**
CITY-ST-ZIP **Minnetonka, MN 55305**

TITLE **D** ☒ Delete
NAME **BARCLIFT, ZEANTA B**
STREET ADDRESS **600 SOUTH HWY 169M SUITE 1800**
CITY-ST-ZIP **ST LOUIS PARK MN 55426-1222**

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

TITLE ☐ Delete
NAME
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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:

David D. Wesselink

David D. Wesselink - CFO

1/29/01

(952) 525-5094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)