FILED
May 21, 2004 8:00 am
Secretary of State
04-19-2004 90237 024 ***150.00

66423322

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056978

1. Entity Name
MARION & JOSEPH REALTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1341 SOUTHVIEW DRIVE	1341 SOUTHVIEW DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HASTINGS, MN	City & State: HASTINGS, MN
Zip: 55033 / Country: USA	Zip: 55033 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3460827 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: MARION J. O'BRIEN
Street Address (P.O. Box Number is Not Acceptable): 644 LOS PADRES AVENUE
City: ALFORD FL Zip Code: 32420

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Resigned	JOSEPH D. O'BRIEN	644 LOS PADRES AVENUE	ALFORD, FL 32420
Resigned	MARION J. O'BRIEN	644 LOS PADRES AVENUE	ALFORD, FL 32420
President	TIMOTHY M. O'BRIEN	1341 SOUTHVIEW DRIVE	HASTINGS, MN 55033
Secretary Treasurer	KENNETH J. TIX	1603 RAMSEY STREET	HASTINGS, MN 55033

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Timothy M. O'Brien 4-12-04 651-437-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3W1140 1.000