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

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

66423322

DOCUMENT # P97000056978

1. Entity Name
MARION & JOSEPH REALTY, INC.

DO NOT WRITE IN THIS SPACE

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

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

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 Resigned
NAME JOSEPH D. O'BRIEN
STREET ADDRESS 644 LOS PADRES AVENUE
CITY-ST-ZIP ALFORD, FL 32420

TITLE Resigned
NAME MARION J. O'BRIEN
STREET ADDRESS 644 LOS PADRES AVENUE
CITY-ST-ZIP ALFORD, FL 32420

TITLE President
NAME TIMOTHY M. O'BRIEN
STREET ADDRESS 1341 SOUTHVIEW DRIVE
CITY-ST-ZIP HASTINGS, MN 55033

TITLE Secretary Treasurer
NAME KENNETH J. TIX
STREET ADDRESS 1603 RAMSEY STREET
CITY-ST-ZIP HASTINGS, MN 55033

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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