2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am § Secretary of State DOCUMENT # P99000108745 1. Entity Name 05-16-2002 90023 007 ***150.00 DELARIA PROPERTIES, INC. Principal Place of Business Mailing Address 1200 NICOLLET MALL STE 802 ロロエロロはまる 1200 NICOLLET MALL STE 802 MINNEAPLOUS MN 55403 MINNEAPLOLIS MN 55403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2511619 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENTZ, RONALD L Street Address (P.O. Box Number is Not Acceptable) 882 BIRD BAY WAY VENICE FL 34292 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE WEAVER, JAMES NAME 2301 Collins Avenue #624 STREET ADDRESS 1800-DOUGLAS AVENUE STREET ADDRESS Mismi Beach, FL 33139 CITY-ST-7IP MINNEAPOLIS MN 55403 CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME PENTZ, RONALD STREET ADDRESS STREET ADDRESS 1200 NOCOLLET MALL CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55403 ☐ Delete TITLE T\$ ☐ Addition NAME NAME 3654 France Ave South St. Louis Park, MN 55416 BRAUN, JEROME STREET ADDRESS STREET ADDRESS 1401-LINCOLN AVENUE CITY-ST-7IP CITY-ST-ZIP MINNEAPOLIS MN 55403 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME

13. I hereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED

CR2E034 (9/01)