

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 843991**

1. Entity Name

**ANALYSTS INTERNATIONAL CORPORATION****FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90068 049 \*\*\*150.00

0666670

Principal Place of Business <b>3601 WEST 76 STREET MINNEAPOLIS MN 55435</b>	Mailing Address <b>3601 WEST 76 STREET MINNEAPOLIS MN 55435</b>
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**C0043601**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>41-0905408</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CARPENTER, MARTI R</b>	
STREET ADDRESS	<b>3601 WEST 76 STREET</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55435</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LAVELLE, MICHAEL</b>	
STREET ADDRESS	<b>3601 WEST 76 STREET</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55435</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAHONEY, EDWARD M</b>	
STREET ADDRESS	<b>3601 WEST 76 STREET</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55435</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DRAKE, W.K.</b>	
STREET ADDRESS	<b>33435</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55435</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MAHLER, THOMAS R</b>	
STREET ADDRESS	<b>3601 WEST 76 STREET</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55435</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>LANG, FREDERICK W</b>	
STREET ADDRESS	<b>3601 WEST 76 STREET</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55435</b>	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARPENTIER, MARTI R</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3601 WEST 76 STREET</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 J STEICHEN

01/09/01

952-835-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)