

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90042 047 ***150.00

DOCUMENT # 841134

1. Entity Name

ST. PAUL RISK SERVICES, INC.

Principal Place of Business

Mailing Address

385 WASHINGTON STREET
 ST PAUL MN 55102
 US

385 WASHINGTON STREET
 ST PAUL MN 55102-1309
 US

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

41-1224875

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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, 2000 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 Delete
 NAME **D NELSON, JANET**
 STREET ADDRESS **385 WASHINGTON ST**
 CITY-ST-ZIP **ST. PAUL MN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S BACKBERG, BRUCE A.**
 STREET ADDRESS **385 WASHINGTON ST.**
 CITY-ST-ZIP **ST. PAUL MN**

TITLE Change Addition
 NAME **V**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T SWANSON, DON**
 STREET ADDRESS **385 WASHINGTON ST**
 CITY-ST-ZIP **ST PAUL, MINNESOTA 00000**

TITLE Change Addition
 NAME **VT BERGMANN, THOMAS E.**
 STREET ADDRESS **385 WASHINGTON STREET**
 CITY-ST-ZIP **ST. PAUL, MN 55102**

TITLE Delete
 NAME **D CONROY, MIKE**
 STREET ADDRESS **385 WASHINGTON ST.**
 CITY-ST-ZIP **ST PAUL, MINNESOTA 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DCP^E THIRLE, PAT**
 STREET ADDRESS **385 WASHINGTON ST**
 CITY-ST-ZIP **ST PAUL, MINNESOTA 00000**

TITLE Change Addition
 NAME **DCP LEATHERDALE, DOUGLAS W.**
 STREET ADDRESS **385 WASHINGTON STREET**
 CITY-ST-ZIP **ST. PAUL, MN 55102**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **S WIESE, SANDRA U.**
 STREET ADDRESS **385 WASHINGTON STREET**
 CITY-ST-ZIP **ST. PAUL, MN 55102**

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:

Sandra Ulsaker Wiese
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra Ulsaker Wiese

1/28/00

Date

651-310-8506

Daytime Phone #

CR2E034 (9/99)