## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

ATTN: TAX DEPT. MINNEAPOLIS MN 55459-8200

P. O. BOX 59159

## **DOCUMENT #846367**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

1405 Xenium Lane No

12755 STATE HIGHWAY 55

SIGNATURE:

MINNEAPOLIS MN 55441

## RADISSON HOTEL CORPORATION

Suite, Apt, #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State Minneapolis MN			City & State			4. FEI Number (2) (41-0940175						Applied For Not Applicable	
Zip 55441	Country		Zip Count		try	5. Certificate of Status Desi.		esired		\$8.75 Additional Fee Required			
		and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent								
Commence with the second secon						Name							
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105					Street Address (P.O. Box Number is Not Acceptable)								
	AHASSEE F	FL 32301			City	*,-	<del>-</del>			FL	Zip Co	ode	
8. The above	named entity	submits this statement for	egistere	ed office or	registered a	gent, or both	, in the St	ate of Flor	ida.				
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 S			50.00	•	ction Camp st Fund Co	_			.00 May Be led to Fees	
11.	275 8. 1921	OFFICERS AND D	DIRECTORS	12.		Α	DDITIONS/	CHANGES	TO OFFI	CERS AND	D DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS	HAMANN,	D.M. ATE HWY. 55	☐ Delete	TITLE NAMI STRE		1405	Xenium	. Lane	NO.		Change	e 🔲 Addition	
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CITY-ST-ZIP	D	OLIS MN 55441		₽—							=		
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NAME	STAGE, BI	RIAN	LES Desete	NAM			Vitzel s				L_ Ondingo	12	
STREET ADDRESS		ATE HWY 55			ET ADDRESS		Xenium		No				
CITY-ST-ZIP		DLIS MN 55441			-ST-ZIP					1		- 1	
13. I hereby of indicated of the corp	ertify that the on this repor	e information supplied with t t or supplemental report is t ne receiver or trustee empoy	his filing does not qualify for rue and accurate and that my vered to execute this report a th all other like empowered.	v sianal	ure shall ha	ed in Section	e legal effect	), Florida S as it made	Statutes. I e under o	further ce ath: that I	am an office	er or director	

Worrel M. Hamann,

**FILED** 

May 16, 2000 8:00 am Secretary of State

05-16-2000 90113 050 \*\*\*150.00

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