

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90018 017 \*\*\*150.00

0697963

**DOCUMENT # F99000000881**

1. Entity Name  
**OCB REALTY CO.**

Principal Place of Business

**1460 BUFFET WAY  
 EAGAN MN 55121**

Mailing Address

**1460 BUFFET WAY  
 EAGAN MN 55121**

010404

2. Principal Place of Business  
**1460 Buffet Way**

Suite, Apt. #, etc.

3. Mailing Address  
**1460 Buffet Way**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Eagan, MN**

City & State  
**Eagan, MN**

4. FEI Number **41-1777609**

Applied For  
 Not Applicable

Zip Country  
**55121 USA**

Zip Country  
**55121 USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **CCEO**  Delete  
 NAME: **HATLEN, ROE H**  
 STREET ADDRESS: **1460 BUFFET WAY**  
 CITY-ST-ZIP: **EAGAN MN 55121**

TITLE: **CEO**  Change  Addition  
 NAME: **Kerry Kramp**  
 STREET ADDRESS: **1460 Buffet Way**  
 CITY-ST-ZIP: **Eagan, MN 55121**

TITLE: **DCFO**  Delete  
 NAME: **GRANT, CLARK C**  
 STREET ADDRESS: **1460 BUFFET WAY**  
 CITY-ST-ZIP: **EAGAN MN 55121**

TITLE: **CFO**  Change  Addition  
 NAME: **R. Michael Andrews**  
 STREET ADDRESS: **1460 Buffet Way**  
 CITY-ST-ZIP: **Eagan, MN 55121**

TITLE: **AS**  Delete  
 NAME: **HOLOVIA, PAUL**  
 STREET ADDRESS: **1460 BUFFET WAY**  
 CITY-ST-ZIP: **EAGAN MN 55121**

TITLE: **Assist. Sec.**  Change  Addition  
 NAME: **Paul Holovnia**  
 STREET ADDRESS: **1460 Buffet Way**  
 CITY-ST-ZIP: **Eagan, MN 55121**

TITLE: **S**  Delete  
 NAME: **MITCHELL, H. THOMAS**  
 STREET ADDRESS: **1460 BUFFET WAY**  
 CITY-ST-ZIP: **EAGAN MN 55121**

TITLE: **Secretary**  Change  Addition  
 NAME: **H. Thomas Mitchell**  
 STREET ADDRESS: **1460 Buffet Way**  
 CITY-ST-ZIP: **Eagan, MN 55121**

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  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: Paul Holovnia **Paul Holovnia, Assistant Secretary** **651-994-8608**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)