


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90207 035 \*\*\*150.00

**DOCUMENT # F99000006045**

1. Entity Name  
**KATHARINE MARINE SERVICES LTD. CORP.**



Principal Place of Business  
**THE COLONNADE  
5500 WAYZATA BLVD., SUITE 950  
GOLDEN VALLEY MN 55415**

Mailing Address  
**THE COLONNADE  
5500 WAYZATA BLVD., SUITE 950  
GOLDEN VALLEY MN 55415**



2. Principal Place of Business  
**1301 L'orient St.**

3. Mailing Address  
**1301 L'orient St.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**St. Paul mn 55117**

City & State  
**St. Paul mn**

Zip  
**55117**

Country  
**USA**

4. FEI Number **98-0213795**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HAFT, STUART J ESQ.  
321 ROYAL POINCIANA PLAZA, SOUTH  
PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMPBELL DIRECTORS LIMITED</b> <b>BANK OF NOVA SCOTIA BLDG., BOX 884</b> <b>GRAND CAYMAN, CAYMAN ISLANDS</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMPBELL SECRETARIES LIMITED</b> <b>BANK OF NOVA SCOTIA BLDG., BOX 884</b> <b>GRAND CAYMAN, CAYMAN ISLANDS</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BATES, VICKIE</b> <b>5500 WAYZATA BLVD., SUITE 950</b> <b>GOLDEN VALLEY MN 55415</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vickie Bates</b> <b>1301 L'orient St.</b> <b>St. Paul, MN 55117</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vickie J. Bates* **1/23/03** **651/558-3263**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VICKIE J. BATES** Date Daytime Phone #

CR2E034 (10/02)