



**MINNESOTA**  
DEPARTMENT OF  
**COMMERCE**



85 7th Place East, Suite 500  
St. Paul, Minnesota 55101-3165

www.commerce.state.mn.us

651.296.4026 FAX 651.297.1959

An equal opportunity employer

May 4, 2011

BRIAN CLARK  
SERVICE TEAM OF PROFESSIONALS INC  
10036 NW AMBASSADOR DRIVE  
KANSAS CITY, MO 64153

Re: F-3546  
SERVICE TEAM OF PROFESSIONALS INC  
SERVICE TEAM OF PROFESSIONALS INC FRANCHISE AGREEMENT

Dear Mr. Clark:

The Annual Report has been reviewed and is in compliance with Minnesota Statute Chapter 80C and Minnesota Rules Chapter 2860.

This means that there continues to be an effective registration statement on file and that the franchisor may offer and sell the above-referenced franchise in Minnesota.

The franchisor is not required to escrow franchise fees, post a Franchise Surety Bond or defer receipt of franchise fees during this registration period.

As a reminder, the next annual report is due within 120 days after the franchisor's fiscal year end, which is December 31, 2011.

Sincerely,

MIKE ROTHMAN  
Commissioner

By:

Daniel Sexton  
Commerce Analyst Supervisor  
Registration Division  
(651) 296-4520

MR:DES:dlw

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APR 29 2011  
Rec'd \$  
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MINNESOTA UNIFORM FRANCHISE REGISTRATION APPLICATION

FILE NO. FR3546

FEE: 200.00

DATE OF APPLICATION 4/27/11

APPLICATION FOR (Check only one):

       REGISTRATION OF AN OFFER OR SALE OF FRANCHISES

XX REGISTRATION RENEWAL STATEMENT OF ANNUAL REPORT  
AMENDMENT NUMBER        TO APPLICATION

       POST-EFFECTIVE FILED UNDER SECTION       

       PRE-EFFECTIVE DATED       

1. Name of Franchisor. (If applicant is a subfranchisor, the name of the subfranchisor.)

Service Team of Professionals, Inc.

Name under which Franchisor is doing or intends to do business.  
Service Team of Professionals (STOP)

2. Franchisor's principal business address.

10036 NW Ambassador Drive, Kansas City, MO 64153

Name and address of Franchisor's agent in the State or South Dakota authorized to receive process. Commissioner of Commerce, Department of Commerce, 133 East Seventh Street, St. Paul, MN 55101

3. Name, Address and telephone number of subfranchisors, if any, for this state.

4. Name, address and telephone number of person to whom communications regarding this application should be directed.

Brian B. Clark, 10036 NW Ambassador Drive, Kansas City, MO 64153 816-880-4746  
fx 816-880-9395

5-4-11

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CERTIFICATION

I certify, under penalty of law, that I have read and know the contents of this application and the documents attached as exhibits and incorporated by reference, and that the statements in all these documents are true and correct.

Executed at 10036 NW Ambassador Drive, Kansas City, MO 64153

Dated: April 27, 2011

By: Mack L. Clark  
Name: Mack L. Clark  
Its: President

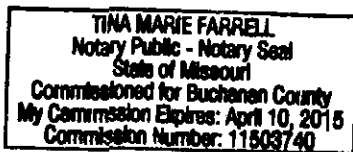
By: \_\_\_\_\_  
Name:  
Its:

(CORPORATE SEAL)

STATE OF Missouri )  
COUNTY OF Platte ) SS

Personally appeared before me this 27th day of April, 2011, the above named, Mack L. Clark and \_\_\_\_\_ to me known to be the person(s) who executed the foregoing application (as President and \_\_\_\_\_, of the above-named applicant) and (each) being first duly sworn, stated upon oath that said application, and all exhibits submitted herewith, are true and correct.

(Notary Seal)



Tina Marie Farrell  
Notary Public

My Commission Expires:

April 10, 2015

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