


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90388 044 \*\*\*150.00



<b>DOCUMENT # 843839</b>				1. Entity Name <b>GELCO CORPORATION</b>	
Principal Place of Business		Mailing Address			
THREE CAPITAL DRIVE EDEN PRAIRIE, MN 55344 US		P.O BOX 44817 EDEN PRAIRIE, MN 55344 US		  03222006 Chg-P CR2E034 (11/05)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>36-2774566</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S. B. RUTH		NAME	<i>V. Kanshal</i>	
STREET ADDRESS	THREE CAPITAL DRIVE		STREET ADDRESS	<i>Three Capital Drive</i>	
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344		CITY-ST-ZIP	<i>Eden Prairie MN 55344</i>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<i>VP</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWER, J.R.		NAME	<i>K.M. Bauer</i>	
STREET ADDRESS	THREE CAPITAL DRIVE		STREET ADDRESS	<i>Three Capital Drive</i>	
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344		CITY-ST-ZIP	<i>Eden Prairie MN 55344</i>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINELLO, K. V		NAME		
STREET ADDRESS	THREE CAPITAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENKE, DON		NAME		
STREET ADDRESS	THREE CAPITAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344		CITY-ST-ZIP		
TITLE	SGC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, B.J.		NAME		
STREET ADDRESS	THREE CAPITAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344		CITY-ST-ZIP		
TITLE	VFTD	<input checked="" type="checkbox"/> Delete	TITLE	<i>VFTD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOBIER, ROBERT J		NAME	<i>Joseph G Rooney</i>	
STREET ADDRESS	THREE CAPITAL DRIVE		STREET ADDRESS	<i>Three Capital Drive</i>	
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344		CITY-ST-ZIP	<i>Eden Prairie MN 55344</i>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Don Benke</i>		DON BENKE		3-23-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				952 8282989	
				<small>Daytime Phone #</small>	