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

FILED Apr 22, 2003 8:00 am Secretary of State 04-22-2003 90042 009 ***150.00

DOCUMENT # F00000000705				04-22-2003 90042 009 ***150.00		
1. Entity Name						
A.G. TOLLEFSON & CO, INC.						
DO NOT WRITE IN THIS SPACE					90100491	
					001004;	01
2. Principal Place of Business 3. Mailing Address						
		PO BOX 268				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS S	SPACE
PO BOX 268 City & State City & St		City & State			4. FEI Number Applied For	
LECOMPTON KS		LECOMPTON, KS		_	48-0776335	Not Applicable
Zip	Country	Zip	Country			\$8.75 Additional
66050	DOUGLAS	66050	DOUGLAS			Fee Required
مستوادي مالواده	DO NOT WRITE IN TH	HS SPACE	Name		Name and Address of Current Registere	
CORPORATION SERVICE COMPANY						
Street Address (P 1201 HAV					(P.O. Box Number is Not Acceptable) YS STREET	
!			021			Zin Cod
			TÄL	LAHA	SSEE FL	Zip Code 32301-2525
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.						
72		,				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
January 1 - May 1 Foe is \$150.00						
After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00						\$5.00 May Be Added to Fees
10.	OFFICERS AND D		200		A Substitution of the Control of the	
TITLE	PRESIDENT/DIRECTO		TITLE			
NAME	ALLEN G. TOLLEF		NAME			
STREET ADORESS CITY - ST - ZIP	437 NORTH 2190 LECOMPTON, KS 6		STREET ADDRES	S		18
TITLE	SECRETARY/TREASUR		TITLE		The second section of the second section of the second section	<u> </u>
NAME	M. MADELINE TOLLEFSON		NAME		. Allien w	
STREET ADDRESS	437 NORTH 2190 RD.		STREET ADDRES	s		
CITY - ST - ZIP	LECOMPTON, KS 6	<u>6050</u>	CITY - ST - ZIP			
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STREET ADDRESS	}		STREET ADDRESS	S!	교육하다는 성이 있는 사이지 않는 경험을 받는 것이다. 일본 기료들이 되어 교육되었다. 그 보고 있다면 하는 것이다.	1
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STREET ADDRESS			STREET ADDRESS	5		
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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 on an attachment with all others with all others are empowered.						
SIGNAT	- // // // /	Ellen Ill	ell v		1-16-03 785-887	
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNI	NG OFFICER OR I	DIRECTOR	Date Daytime	Phone #
STF FL32381F.1	/ / /		//			