2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006206

GAYLORD, JOSEPH

MINNEAPOLIS, MN 55402

222 S. NINTH STREET, FLOOR 20

Name:

Address:

City-St-Zip:

FILED Jul 12, 2004 Secretary of State

Entity Nai	me: CAPELL	A UNIVERSITY, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	ITH STREET, OLIS, MN 554				
Current Mailing Address:			New Mailing Address:		
	ITH STREET, OLIS, MN 554				
FEI Number:	: 41-1740392	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
5911 RIVE	PAMELA DR RSIDE DR. ANGE, FL 32	127 US			
	named entity e of Florida.	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
		nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SHANK, STEPI	STREET, FLOOR 20	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHROEDER,	STREET, FLOOR 20	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THOM, GREGO	STREET, FLOOR 20	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Т () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH GAYLORD Τ 07/12/2004