

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002431

FILED
Apr 12, 2006
Secretary of State

Entity Name: KRAUS-ANDERSON CAPITAL, INC.

Current Principal Place of Business:

523 SOUTH 8TH STREET
MINNEAPOLIS, MN 55404

New Principal Place of Business:

Current Mailing Address:

523 SOUTH 8TH STREET
MINNEAPOLIS, MN 55404

New Mailing Address:

FEI Number: 20-0956421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: ENGELSMA, BRUCE W
Address: 523 SOUTH 8TH STREET
City-St-Zip: MINNEAPOLIS, MN 55404

Title: D () Delete
Name: ENGELSMA, DANIEL W
Address: 4210 WEST OLD SHAKOPEE RD
City-St-Zip: MINNEAPOLIS, MN 55437

Title: S () Delete
Name: MANTHE, ROSEMARY A
Address: 523 SOUTH 8TH STREET
City-St-Zip: MINNEAPOLIS, MN 55404

Title: T () Delete
Name: OLSON, DAVID J
Address: 523 SOUTH 8TH STREET
City-St-Zip: MINNEAPOLIS, MN 55404

Title: D () Delete
Name: ENGELSMA, DANIEL W
Address: 4210 WEST OLD SHAKOPEE ROAD
City-St-Zip: BLOOMINGTON, MN 55439

Title: D () Delete
Name: DIESSNER, DENNIS G
Address: 420 GATEWAY BLVD.
City-St-Zip: BURNSVILLE, MN 55337

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: CARLSON, CARL E
Address: 523 SOUTH 8TH STREET
City-St-Zip: MINNEAPOLIS, MN 55404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: ROSEMARY A. MANTHE

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04/12/2006

Electronic Signature of Signing Officer or Director

Date