

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002407

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: ALLETE, INC.

**Current Principal Place of Business:**

30 WEST SUPERIOR STREET  
DULUTH, MN 55802

**New Principal Place of Business:**

**Current Mailing Address:**

30 WEST SUPERIOR STREET  
DULUTH, MN 55802

**New Mailing Address:**

FEI Number: 41-0418150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATIELLO, JOHN  
4315 METRO PARKWAY  
SUITE 500  
FORT MYERS, FL 33916 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: CPD ( ) Delete  
Name: SHIPPAR, DONALD J  
Address: 30 WEST SUPERIOR STREET  
City-St-Zip: DULUTH, MN 55802

Title: D ( ) Delete  
Name: EDDINS, HEIDI J  
Address: 30 WEST SUPERIOR STREET  
City-St-Zip: DULUTH, MN 55802

Title: D ( ) Delete  
Name: JOHNSON, PETER J  
Address: 30 WEST SUPERIOR STREET  
City-St-Zip: DULUTH, MN 55802

Title: SVPS ( ) Delete  
Name: AMBERG, DEBORAH A  
Address: 30 WEST SUPERIOR STREET  
City-St-Zip: DULUTH, MN 55802

Title: T ( ) Delete  
Name: STELLMAKER, DONALD W  
Address: 30 WEST SUPERIOR STREET  
City-St-Zip: DULUTH, MN 55802

Title: D ( ) Delete  
Name: LUDLOW, MADELEINE W  
Address: 30 WEST SUPERIOR STREET  
City-St-Zip: DULUTH, MN 55802

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: BREKKEN, KATHLEEN A  
Address: 30 WEST SUPERIOR STREET  
City-St-Zip: DULUTH, MN 55802

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 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: DEBORAH A. AMBERG

SVPS

03/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date