

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000000427

1. Entity Name
WSI SATELLITE, INC.



Principal Place of Business
11840 VALLEY VIEW RD.
EDEN PRAIRIE, MN 55344

Mailing Address
P.O BOX 990 TAX DEPT
MINNEAPOLIS, MN 55440



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1620021

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOEHNNEN, DAVID L
STREET ADDRESS 11840 VALLEY VIEW RD.
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE VP
NAME STOFFEL, JAMES L
STREET ADDRESS 11840 VALLEY VIEW ROAD
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE VPS
NAME BREEDLOVE, JOHN P.
STREET ADDRESS 11840 VALLEY VIEW ROAD
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE D
NAME HEYING, GREGORY
STREET ADDRESS 11840 VALLEY VIEW RD.
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000558861
05/17/06-80113-007 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Stoffel

4-28-06 952-294-7436

Date

Daytime Phone #