


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90001 021 ***150.00

DOCUMENT # K58198
 1. Entity Name
DRISCOLL PROPERTIES, INC.



Principal Place of Business Mailing Address
332 MINNESOTA STREET **332 MINNESOTA STREET**
SUITE 2100 **SUITE 2100**
ST PAUL, MN 55101 US **ST PAUL, MN 55101 US**

54069630



2. Principal Place of Business 3. Mailing Address
30 EAST 7TH STREET **30 EAST 7TH STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 2000 **SUITE 2000**

08192004 Chg-P CR2E034 (10/03)

City & State City & State
ST. PAUL, MN **ST. PAUL, MN**

4. FEI Number Applied For
41-1630464 Not Applicable

Zip Country Zip Country
55101 **USA** **55101** **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARDER, MICHAEL E
135 WEST CENTRAL BLVD
SOUTH TRUST BANK BLDG., #1100
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
 Name
MARDER, MICHAEL E.
 Street Address (P.O. Box Number is Not Acceptable)
201 EAST PINE STREET
SUITE 500
 City State Zip Code
ORLANDO **FL** **32801**

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 (AGENT DID NOT CHANGE - CHANGE OF ADDRESS ONLY) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME **DRISCOLL, W JOHN**
 STREET ADDRESS **2100 FIRST NATL BK BLDG**
 CITY-ST-ZIP **ST PAUL, MN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME **DRISCOLL, WILLIAM L**
 STREET ADDRESS **2100 FIRST NATL BK BLDG**
 CITY-ST-ZIP **ST PAUL, MN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME **GIEFER, MICHAEL J**
 STREET ADDRESS **2100 FIRST NATL BK BLDG**
 CITY-ST-ZIP **ST PAUL, MN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME **HOLM, RICARD T**
 STREET ADDRESS **2100 FIRST NATIONAL BANK BUILDING**
 CITY-ST-ZIP **ST. PAUL, MN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J Giefer* Date 6/20/04 Daytime Phone #