


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04375**  
 1. Entity Name  
**VFP FIRE SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
**1301 L'ORIENT ST**      **1301 L'ORIENT ST**  
**SAINT PAUL, MN 55117 US**      **SAINT PAUL, MN 55117 US**

**DO NOT WRITE IN THIS SPACE**



01202004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**36-1913510**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      NOTE: Registered Agent signature required when reinstating.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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


U00000034468  
 02/05/04-80084-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSTON, RYAN
STREET ADDRESS	1301 L'ORIENT ST
CITY-ST-ZIP	ST. PAUL, MN 55117
TITLE	T
NAME	KUHA, BRYAN
STREET ADDRESS	1301 L'ORIENT ST
CITY-ST-ZIP	ST. PAUL, MN 55117
TITLE	D
NAME	ANDERSON, L.P.
STREET ADDRESS	2366 ROSE PLACE
CITY-ST-ZIP	SAINT PAUL, MN 55113
TITLE	D
NAME	BEADIE, WILLIAM
STREET ADDRESS	2366 ROSE PLACE
CITY-ST-ZIP	SAINT PAUL, MN 55113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), 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:**       **1/20/04**      **651.558.3300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #