## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04375 1. Entity Name VFP FIRE SYSTEMS, INC. Principal Place of Business 1301 L'ORIENT ST SAINT PAUL, MN 55117 US Mailing Address 1301 L'ORIENT ST SAINT PAUL, MN 55117 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD

FILED Feb 08, 2007 08:00 Al Secretary of State



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	O NOT WRITE IN	N THIS SPAC	CE	4. FEI Number 36-191			Applied For Not Applicable
					of Status Desired		\$8.75 Additional
BARTAL S. C. S.	6. Name and Address of Current Regist	ered Agent	San	L (1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	74362 12 12	· 12 - 12 - 中部分
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CT CORPORATION SYSTEM				DO.	W TON	RITE	
1200 S. PINE ISLAND ROAD PLANTATION, FL 33324							5 - 野は10 - 47 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1
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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							
	ions of registered agent.			ا جني	esta est		42.
SIGNATURE							
	Signature, typed or printed name of registered agent and title in	applicable. (NOTE: Registere	d Agent signature required	d when reinstating)		DATE	
6.14F. 16 266		9. Election Campaign Finar	oina CE	.00 May Be	HARRAA	200016	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.	☐ Add	led to Fees	02/15/07-6	30034-	023 150.00
10.44	OFFICERS AND DIREC	TORS		in the State	Compared to the contract of		學是是個個的意思
TITLE	P				را درور		
NAME	JOHNSTON, RYAN 1301 L'ORIENT ST				7.00 C 20 C 20 C		
STREET ADDRESS CITY-ST-ZIP	ST. PAUL, MN 55117	And the Stage					
TITLE	Т		•	• • •			
NAME	KUHA, BRYAN		• •			17.71	
STREET ADDRESS	1301 L'ORIENT ST					rate tare	经现代 地震 医乳腺
CITY-ST-ZIP	ST. PAUL, MN 55117			,			
TITLE	D			or Company of the			\$ 18 AM 12 1
NAME	ANDERSON, L.R.		<b>"</b> "		7		
STREET ADDRESS CITY-ST-ZIP	2366 ROSE PLACE SAINT PAUL, MN 55113		,	DO	NOT W	RITE	
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NAME	BEADIE, WILLIAM			' 'IN';	THIS SF	AUE	
STREET AODRESS	ESS 2366 ROSE PLACE			* * * * * * * * * * * * * * * * * * * *	a de la companya de l		
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12. Thereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE PARTY STATE OF THE PROPERTY OF THE

2/2/07

651.558.3300

Daytime Phone #