

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15410

Entity Name: KKE ARCHITECTS, INC.

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

300 FIRST AVENUE NORTH
SUITE 500
MINNEAPOLIS, MN 55401

New Principal Place of Business:

Current Mailing Address:

300 FIRST AVENUE NORTH
SUITE 500
MINNEAPOLIS, MN 55401

New Mailing Address:

FEI Number: 41-0942700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: HOLLENKAMP, GREGORY G
Address: 1625 DELAWARE AVE
City-St-Zip: MENDO HEIGHTS, MN 55118

Title: VPTD () Delete
Name: MAYERON, ROBERT C
Address: 130 NEVADA AVE. S.
City-St-Zip: GOLDEN VALLEY, MN 55426

Title: D () Delete
Name: ARIAL, BRIAN V
Address: 1200 YOCUM STREET
City-St-Zip: PASADENA, CA 91103

Title: SD () Delete
Name: SCOTT, QUIN
Address: 5307 KELLOGG AVENUE
City-St-Zip: EDINA, MN 55424

Title: VP () Delete
Name: BROESDER, DAVID W
Address: 4729 ALDRICH AVE. S.
City-St-Zip: MINNEAPOLIS, MN 55409

Title: PDCO () Delete
Name: GERSTER, THOMAS E
Address: 1410-138TH LANE NW
City-St-Zip: ANDOVER, MN 55304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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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: ROBERT C MAYERON

TREA

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date