

APR. 26. 2005 7:39PM

BARTHE & WAHRMAN

NO. 814 P. 3

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 29, 2005 08:00 AM
Secretary of State**DOCUMENT # F99000004006**1. Entity Name
AEG ENGINEERING, INC.Principal Place of Business
**400 1ST AVE., STE 400
MINNEAPOLIS, MN 55401**Mailing Address
**400 1ST AVE., STE 400
MINNEAPOLIS, MN 55401**

04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
41-1377686Applied For
Not Applicable5. 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**

7. 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 file if applicable

(NOTE: Registered Agent signature required when resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**8. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**000000343954
04/29/05-80119-004 158 75**10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BUZEK, JOHN
400 1ST AVE N, STE. 400
MINNEAPOLIS, MN 55401**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
LORENTZ, TOM
400 1ST AVE N, STE. 400
MINNEAPOLIS, MN 55401**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. BUZEK**4/28/05 (612)330-0232**

Date

Daytime Phone