


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90037 035 ***150.00

DOCUMENT # F06000001979 1. Entity Name ARTHUR A. HIRMAN AGENCY, INC.	
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Principal Place of Business 4001 W RIVER PKWY ROCHESTER, MN 55908 1	Mailing Address P.O. BOX 6887 ROCHESTER, MN 55903
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60006340



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-0824922	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 <i>Kate D Staffon</i> <small>Signature typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<i>Kate D Staffon Secretary 01-17-07</i> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice President</i> SNYDER, MIKE 4001 W RIVER PKWY ROCHESTER, MN 55908 1
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPORN, STEVE <i>mackin, Paul</i> 4001 W RIVER PKWY ROCHESTER, MN 55908 1
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Secretary</i> Staffon, Kate 4001 W RIVER PKWY Rochester mn 55901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Treasurer</i> Staffon, Kate 4001 W River Parkway Rochester mn 55901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: <i>Kate D Staffon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>01-17-07</i> <i>507-285-3111</i> <small>Date Daytime Phone #</small>