

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32870

Entity Name: ACN GROUP, INC.

FILED
Feb 26, 2010
Secretary of State

Current Principal Place of Business:

6300 OLSON MEMORIAL HIGHWAY
GOLDEN VALLEY, MN 55427

New Principal Place of Business:

Current Mailing Address:

PO BOX 1459
MN012-S117
MINNEAPOLIS, MN 554401459

New Mailing Address:

FEI Number: 41-1591944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: D
Name: DESMET, JOHN R
Address: 6300 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: D
Name: OWENS, DAWN M
Address: 6300 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: PRES
Name: DESMET, JOHN R
Address: 6300 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: SEC
Name: RYAN, TIMOTHY F
Address: 6300 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: DIR
Name: WEBB, ROBERT T
Address: 6300 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: T
Name: OBERRENDER, ROBERT W
Address: 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

I hereby 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 all other like empowered.

SIGNATURE: JOHN R. DESMET

PRES

02/26/2010

Electronic Signature of Signing Officer or Director

Date