## 2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F15000002857

Entity Name: ANNE CARLSEN CENTER, INC.

## **Current Principal Place of Business:**

701 - 3RD ST NW JAMESTOWN, ND 58401

## **Current Mailing Address:**

P O BOX 8000 JAMESTOWN, ND 58402-8000 US

# FEI Number: 87-0694180

## Name and Address of Current Registered Agent:

REGISTERED AGENTS, INC. 3030 N ROCKY POINT DR STE 150A TAMPA, FL 33607 US FILED Apr 17, 2018 Secretary of State CC5326348986

Date

Certificate of Status Desired: No

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

#### Officer/Director Detail :

Officer/Dire	ctor Detail :		
Title	CEO	Title	COO
Name	EISSINGER, TIM	Name	NELSON, STEPHANIE
Address	701-3RD ST NW - P O BOX 8000	Address	701-3RD ST NW - P O BOX 8000
City-State-Zip:	JAMESTOWN ND 58401	City-State-Zip:	JAMESTOWN ND 58401
Title	CFO	Title	CDO
Name	JOHNSON, DANIEL	Name	WILKIE, ERIC
Address	701-3RD ST NW - P O BOX 8000	Address	701-3RD ST NW - P O BOX 8000
City-State-Zip:	JAMESTOWN ND 58401	City-State-Zip:	JAMESTOWN ND 58401
Title	HRD	Title	DIRECTOR OF INFORMATION & TECHNOLOGY
Name	OLSON, PATTY	Name	BROWNELL, SAM
Address	701-3RD ST NW - P O BOX 8000	Address	701-3RD ST NW - P O BOX 8000
City-State-Zip:	JAMESTOWN ND 58401	City-State-Zip:	JAMESTOWN ND 58401
Title	DIRECTOR OF MANAGEMENT SYSTEMS	Title	CHAIRMAN
Name	WIEST , KRESHA	Name	STOUDT, CASEY
Address	701 - 3RD ST NW - P O BOX 8000	Address	3122 WEST LAKESIDE ROAD
City-State-Zip:	JAMESTOWN ND 58401	City-State-Zip:	JAMESTOWN ND 58401

#### Continues on page 2

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: S	TEPHANIE NELSON	COO	04/17/2018

Electronic Signature of Signing Officer/Director Detail

## **Officer/Director Detail Continued :**

Title	VICE CHAIRMAN
Name	FURNESS, BRUCE
Address	311 - 11TH AVENUE S UNIT #202
City-State-Zip:	FARGO ND 58103
Title	SECRETARY
Name	HANSON, MATTHEW
Address	302 WEST 12TH STREET #5G
City-State-Zip:	NEW YORK NY 10014
Title	DIRECTOR
Name	HUBER, HARVEY
Address	622 - 7TH ST. LOOP NW
City-State-Zip:	JAMESTOWN ND 58401
Title	DIRECTOR
Name	SCHWEITZER, ALEX
Address	1610 - 3RD AVENUE NE
City-State-Zip:	JAMESTOWN ND 58401
Title	DIRECTOR
Name	ROLFSTAD, THOMAS
Address	1125 - 2ND AVENUE E
City-State-Zip:	WILLISTON ND 58802

TREASURER
POOLMAN , NICOLE
3609 BOGEY DRIVE
BISMARCK ND 58503
D
QUANRUD, MYRA DR
2430 - 20TH ST SW
JAMESTOWN ND 58401
DIRECTOR
DIRECTOR MATHISON, TAMARA
MATHISON, TAMARA
MATHISON, TAMARA 300 - 2ND AVENEUE NE
MATHISON, TAMARA 300 - 2ND AVENEUE NE JAMESTOWN ND 58401
MATHISON, TAMARA 300 - 2ND AVENEUE NE JAMESTOWN ND 58401 DIRECTOR