## FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90395 040 \*\*\*150.00

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Na	JMENT #813206	AL KLI OKI				۸۵۵	57535				
Principal Pla	ice of Business	Mailing Address	Mailing Address			400	, +				
	OAK PARKWAY		2700 LONE OAK PARKWAY								
DEPT #A4450 Saint Paul, Mn 55121-1534		DEPT #A4450 SAINT PAUL MN 551	DEPT #84450 SAINT PAUL, MN 55127-1534								
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			04102006	Chg-P	CR2E0	34 (11/05	)	
City & Sta	nte	City & State	City & State			4. FEI Number				Applied For	
Zip	Country	Zio	Zip Country			41-0449	230			ot Applicable	
	Country			u y	5. Certificate of Status Desired			□ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
CT CORPORATION SYSTEM					Name						
1200 S. P	INE ISLAND ROAD ION, FL 33324		Str			eet Address (P.O. Box Number is Not Acceptable)					
:				City				FL	Zip Co		
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 the obligations of registered agent.									miliar with	, and accept	
•	are a second agent.										
SIGNATURE					re required t	when reinstations)		DATE		<del></del>	
Organiture, typied or provided name of registered agent and bile if applicable (NOTE Registered Agent signature required when reinstating) DATE											
	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$55	9. Election Campa Trust Fund Cont		cing	<b>\$5.</b> ( Adde	00 May Be d to Fees					
10.	OFFICERS A	ND DIRECTORS	11.			ADDITIONS/C	HANGES TO OFFIC	CERS AND I	DIRECTOR	IS IN 11	
TITLE	D Defete Ima		1	D RAY W. BENNING, JR.				Change			
NAME STREET ADDRESS	CHECCHI, ALFRED A  2700 LONE OAK PARKWAY		NAME STREET ADDRESS		DEPT A	. BENNING, JR. 44450-2700 LONE (	DAK			i	
CITY+ST-ZIP				ST-ZIP	PKWY EAGAN	I, MN 88121-1534					
HTLE	V	☑ Delete	filte		· · · ·			i	Change	[X] Addition	
NAME			NAME	ŧ	KRISTI	K. CARLSON	544 54044				
STREET ADDRESS CITY-ST-7IP				T ADDRESS ST-ZIP		4450-2700 LONE , MN 55121-1534	OAK PKWY				
TITLE	D	₩ Delete	TITLE	-					Change	N addition	
NAME	BLUM, RICHARD C				D DORIS	KEARNS GOO	DWIN	ı	_  Cliange	∑ Addition	
STREET ADDRESS				TADORESS	DESS DEPT A4450-2700 LONE OAK PKWY						
CITY-51-78P	SAN FRANCISCO, CA 94133		CITY-				34				
TITLE NAME	P STEENLAND, DOUGLAS M	☐ Delete	TRILL		P/D/CEO			Ţ	Change	Addition	
STREET ADDRESS	2700 LONE OAK PARKWAY			E ADDRESS							
CITY-SI-ZIP	SAINT PAUL, MN 551211534		слү- 9	S1-Z\$P							
TITLE		Defete	TITLE		S				Change		
NAME STREET ADDRESS			NAME	AUDRESS		EL L. MILLER	NE OAK PKWY			}	
CITY-ST-ZIP			CITY-S			I, MN 55121-15				İ	
TITLE		☐ Delete	TITLE						Change	Addition	
NAME			NAME						•		
STREET ADORESS CITY-ST-25P			STREET CITY-S	ADDRESS							
12. I hereby co	ertify that the information supplied w	ith this filing does not qualify for	the even	entions co	ntained in	Chapter 119 E	ouda Stabilee 1 h-	that cortile	that the i-	lormatics	
12. Thereby 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 of supplemental report is frue 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 trusted 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 tike empowered.											
SIGNATURE: The formation of the second of th											
SIGNATURE: KRISTI K. CARLSON 4/14/06 612-726-8214											