

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 829705

Entity Name: I. C. SYSTEM, INC.

FILED
Jan 28, 2005
Secretary of State

Current Principal Place of Business:

444 EAST HIGHWAY 96
P.O. BOX 64444
ST. PAUL, MN 55127 US

Current Mailing Address:

P.O. BOX 64444
444 EAST HIGHWAY 96
ST. PAUL, MN 55164

New Principal Place of Business:

444 HIGHWAY 96 EAST
P.O. BOX 64444
ST. PAUL, MN 55127 US

New Mailing Address:

P.O. BOX 64444
444 HIGHWAY 96 EAST
ST. PAUL, MN 55164

FEI Number: 41-0739183 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: COB () Delete
Name: ERICKSON, JOHN A III
Address: 1702 KERRY LANE
City-St-Zip: WOODBURY, MN 55125

Title: DIR () Delete
Name: ERICKSON, BARBARA J
Address: 34 DELLWOOD AVENUE
City-St-Zip: ST. PAUL, MN 55110

Title: P () Delete
Name: RAPP, KENNETH
Address: 20 NE 2ND STREET, APT. 2205
City-St-Zip: MINNEAPOLIS, MN 55413

Title: S () Delete
Name: ERICKSON, JOHN A IV
Address: 185 GLADSTONE CIRCLE
City-St-Zip: LINO LAKES, MN 55014

Title: TCFO () Delete
Name: HEINBIGNER, KURT
Address: 949 SAWYER PLACE
City-St-Zip: STILLWATER, MN 55082

Title: BOD () Delete
Name: ERICKSON, JOHN A III
Address: 1702 KERRY LANE
City-St-Zip: WOODBURY, MN 55125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: ERICKSON, JOHN A III
Address: 1702 KERRY LANE
City-St-Zip: WOODBURY, MN 55125

Title: COB (X) Change () Addition
Name: ERICKSON, BARBARA J
Address: 34 DELLWOOD AVENUE
City-St-Zip: ST. PAUL, MN 55110

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: S (X) Change () Addition
Name: ERICKSON, JOHN A IV
Address: 4489 COSSETTE LANE NORTH
City-St-Zip: HUGO, MN 550384439

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: DIR (X) Change () Addition
Name: ERICKSON, JOHN A IV
Address: 4489 COSSETTE LANE NORTH
City-St-Zip: HUGO, MN 550384439

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KURT HEINBIGNER

TCFO

01/28/2005

Electronic Signature of Signing Officer or Director

_____ Date