2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843839

Entity Name: GELCO CORPORATION

FILED Apr 26, 2009 Secretary of State

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Current Principal Place of Business:			New Princi	cipal Place of Business:
	PITAL DRIVE IRIE, MN 55344	4 US		
Current Ma	iling Address:		New Mailir	ng Address:
P.O BOX 44 EDEN PRA	1817 IRIE, MN 55344	4 US		APITAL DRIVE AIRIE, MN 55344 US
FEI Number:	36-2774566	FEI Number Applied For ()	El Number Not Appli	licable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	DPD () DOMITCHELL, BOB THREE CAPITAL I EDEN PRAIRIE, M	DRIVE	Title: Name: Address: City-St-Zip:	DCEO (X) Change () Addition NUNN, C L THREE CAPITAL DRIVE EDEN PRAIRIE, MN 55344
Title: Name: Address: City-St-Zip:	AT () DO BENKE, DON THREE CAPITAL I EDEN PRAIRIE, M	DRIVE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition DOLAN, MICHAEL L THREE CAPITAL DRIVE EDEN PRAIRIE, MN 55344
Title: Name: Address: City-St-Zip:	SGC () DO AUSTIN, B.J. THREE CAPITAL I EDEN PRAIRIE, M	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VFTD () DO ROONEY, JOSEP THREE CAPITAL I EDEN PRAIRIE, M	H E DRIVE	Title: Name: Address: City-St-Zip:	DSVP (X) Change () Addition SELBY, C L THREE CAPITAL DRIVE EDEN PRAIRIE, MN 55344
Title: Name: Address: City-St-Zip:	VP () DO KAUSHALL, V. TREE CAPITAL DI EDEN PRAIRIE, M	R	Title: Name: Address: City-St-Zip:	DSVP (X) Change () Addition KRUMM, S K TREE CAPITAL DR EDEN PRAIRIE, MN 55344

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL L DOLAN VP 04/26/2009