

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90031 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849670

1. Corporation Name
LYON FINANCIAL SERVICES, INC.



Principal Place of Business 115 W COLLEGE DR MARSHALL MINNESOTA 56258	Mailing Address 115 W COLLEGE DR MARSHALL MINNESOTA 56258
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 07/09/1981	
4. FEI Number 41-1400571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TPD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWAN, ALFRED	
STREET ADDRESS	115 W COLLEGE DR	
CITY-ST-ZIP	MARSHALL MN	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NOYES, KENNETH H	
STREET ADDRESS	115 W COLLEGE DRIVE	
CITY-ST-ZIP	MARSHALL, MN 0 56258	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, DONALD	
STREET ADDRESS	115 W COLLEGE DRIVE	
CITY-ST-ZIP	MARSHALL, MN 0	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	LINDHOLM, MARY J	
STREET ADDRESS	115 W COLLEGE DRIVE	
CITY-ST-ZIP	MARSHALL MN	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	MILLER, DONALD	
STREET ADDRESS	115 WEST COLLEGE DRIVE	
CITY-ST-ZIP	MARSHALL MN 56258	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/T / CEO / D Kenneth H. Noyes
2.3 STREET ADDRESS	115 West College Drive
2.4 CITY-ST-ZIP	Marshall MN 56258
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Don Polfliet
4.3 STREET ADDRESS	115 West College Drive
4.4 CITY-ST-ZIP	Marshall, MN 56258
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	v/d Dan Herrmann
6.3 STREET ADDRESS	115 West College Drive
6.4 CITY-ST-ZIP	Marshall, MN 56258

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Miller DATE: 2-2-99 DAYTIME PHONE #: 507-532-3274

CR2E034 (1/98)