

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90074 028 ***150.00

DOCUMENT # 849670

1. Entity Name
LYON FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address
115 W COLLEGE DR **115 W COLLEGE DR**
MARSHALL MN 56258 **MARSHALL MN 56258**

969273



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 601 Second Ave. S., MPFP2804

City & State City & State
 Minneapolis, MN **Attn: Lisa Bessler**

4. FEI Number **41-1400571** Applied For
 Not Applicable

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 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PTD PIPPIN, MARVIN LINWOOD	<input checked="" type="checkbox"/> Delete	TITLE NAME	President & Director Michael Rizzo	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	115 W COLLEGE DR		STREET ADDRESS	115 W. College Dr.	
CITY-ST-ZIP	MARSHALL MN 56258		CITY-ST-ZIP	Marshall, MN 56258	
TITLE NAME	VSD MILLER, DONALD	<input checked="" type="checkbox"/> Delete	TITLE NAME	Chairman & Director Charles C. Langer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	115 W COLLEGE DRIVE		STREET ADDRESS	7659 SW Mohawk St.	
CITY-ST-ZIP	MARSHALL MN 56258		CITY-ST-ZIP	Tualatin, OR 97062	
TITLE NAME	COOD POLFLIET, DON	<input checked="" type="checkbox"/> Delete	TITLE NAME	Director Lee R. Mitau	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	115 W COLLEGE DRIVE		STREET ADDRESS	601 Second Ave. S.	
CITY-ST-ZIP	MARSHALL MN 56258		CITY-ST-ZIP	Minneapolis, MN 55402	
TITLE NAME	CFO MARSHALL, JOHN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	115 WEST COLLEGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MARSHALL MN 56258		CITY-ST-ZIP		
TITLE NAME	D HERRMANN, DAN	<input checked="" type="checkbox"/> Delete	TITLE NAME	Secretary Jennie Carlson	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	115 WEST COLLEGE DR		STREET ADDRESS	601 Second Ave. S.	
CITY-ST-ZIP	MARSHALL MN 56258		CITY-ST-ZIP	Minneapolis, MN 55402	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	Assistant Secretary Lisa M. Bessler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	601 Second Ave. S.	
CITY-ST-ZIP			CITY-ST-ZIP	Minneapolis, MN 55402	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa M. Bessler Lisa M. Bessler 4/23/01 612/973-1415
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)