

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849670

FILED
Mar 20, 2009
Secretary of State

Entity Name: LYON FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1310 MADRID STREET
SUITE 100
MARSHALL, MN 56258 US

New Principal Place of Business:

Current Mailing Address:

1310 MADRID STREET
SUITE 100
MARSHALL, MN 56258 US

New Mailing Address:

FEI Number: 41-1400571 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: PD () Delete
Name: RIZZO, MICHAEL
Address: 1310 MADRID STREET
City-St-Zip: MARSHALL, MN 56258

Title: CD () Delete
Name: STONE, KENT
Address: 2751 SHEPARD ROAD
City-St-Zip: SAINT PAUL, MN 55116

Title: D () Delete
Name: MITAU, LEE R
Address: 601 SECOND AVE S
City-St-Zip: MINNEAPOLIS, MN 55402

Title: S () Delete
Name: BEDNARSKI, LAURA
Address: 601 SECOND AVE S
City-St-Zip: MINNEAPOLIS, MN 55402

Title: AS () Delete
Name: DOCKEN, JOHN
Address: 1310 MADRID STREET
City-St-Zip: MARSHALL, MN 56258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CD (X) Change () Addition
Name: OTTING, JOSEPH
Address: 633 W 5TH STREET
City-St-Zip: LOS ANGELES, CA 90071

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

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

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

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: JOHN DOCKEN

AS

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date