

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849670

1. Entity Name  
LYON FINANCIAL SERVICES, INC.



Principal Place of Business  
1310 MADRID STREET  
SUITE 100  
MARSHALL MN 56258  
US

Mailing Address  
1310 MADRID STREET  
SUITE 100  
MARSHALL MN 56258  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 41-1400571

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME RIZZO, MICHAEL  
STREET ADDRESS 1310 MADRID STREET  
CITY-ST-ZIP MARSHALL MN 56258

TITLE CD ☒ Delete  
NAME LANGER, CHARLES C  
STREET ADDRESS 7659 SW MOHAWK ST  
CITY-ST-ZIP TUALATIN OR 97062

TITLE D ☐ Delete  
NAME MITAU, LEE R  
STREET ADDRESS 601 SECOND AVE S  
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE S ☐ Delete  
NAME CARLSON, JENNIE  
STREET ADDRESS 601 SECOND AVE S  
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE AS ☐ Delete  
NAME DOCKEN, JOHN  
STREET ADDRESS 1310 MADRID STREET  
CITY-ST-ZIP MARSHALL MN 56258

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☒ Change ☐ Addition  
NAME William Purcell  
STREET ADDRESS 7659 SW Mohawk St.  
CITY-ST-ZIP Tualatin, OR 97062

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Docken

Date

3/20/03

Daytime Phone #

CR2E034 (10/02)