

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854314

FILED
Apr 18, 2007
Secretary of State

Entity Name: TED GLASRUDE ASSOCIATES, INC.

Current Principal Place of Business:

431 SOUTH 7TH ST.
SUITE #2470
MINNEAPOLIS, MN 55415

New Principal Place of Business:

Current Mailing Address:

431 SOUTH 7TH ST.
SUITE #2470
MINNEAPOLIS, MN 55415

New Mailing Address:

FEI Number: 41-0970116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASRUDE, THEODORE G
759 SOUTH FEDERAL HWY, SUITE 217
STUART, FL 34994 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: CD () Delete
Name: GLASRUDE, THEODORE,
Address: 4013 S.E. FAIRWAY EAST
City-St-Zip: STUART, FL 34997 US

Title: P () Delete
Name: GLASRUDE, THEODORE G.,
Address: 3634 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997 US

Title: S () Delete
Name: POHL, GERALD,
Address: 3317 EDWARD ST. NE
City-St-Zip: ST. ANTHONY, MN 55418 US

Title: VP () Delete
Name: KUEHN, PAUL
Address: 5928 POND VIEW DRIVE
City-St-Zip: SHOREVIEW, MN 55126 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: GERALD POHL

S

04/18/2007

Electronic Signature of Signing Officer or Director

Date