


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000000297

1. Entity Name
E.W. BLANCH GP, INC.



FILED
04 SEP -2 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3600 W. 80TH STREET
MINNEAPOLIS, MN 55431**

Mailing Address
**3600 W. 80TH STREET
MINNEAPOLIS, MN 55431**

2. Principal Place of Business
3600 American Boulevard West
Suite, Apt. #, etc.

3. Mailing Address
C/O Legal Dept.
Suite, Apt. #, etc.

City & State
Minneapolis, MN

City & State
Minneapolis, MN

Zip
55431

Country
USA

Zip
55431

Country
USA

07212004 Chg-P CR2E034 (10/03)

4. FEI Number
75-2846783

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, RODMAN R 100 NYALA FARMS ROAD WESTPORT, CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP (ASSISTANT VICE PRESIDENT) CAROL A. HILL 500 N. AKARD, Ste. 3700 DALLAS, TX 75201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARON, PAUL L 3600 W. 80TH STREET MINNEAPOLIS, MN 55431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITER, JOHN L 55 BISHOPSGATE LONDON,, UK ec2n 3bd <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500041097375 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/15/04--01026--004 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'KEEFE, DANIEL P 3600 W. 80TH STREET -SUITE 700 MINNEAPOLIS, MN 55431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ELDREDGE, DANIEL J JR. 3600 W. 80TH STREET MINNEAPOLIS, MN 55431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KENYON, THOMAS W 3600 W. 80TH STREET-SUITE 700 MINNEAPOLIS, MN 55431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carol A. Hill **Carol A. Hill, AVP** **7/21/04** **(214) 756-7058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR Date Daytime Phone #