

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000000630	
1. Entity Name TOLONE, INC.	



Principal Place of Business 8400 NORMANDALE LAKE BLVD STE 600 MINNEAPOLIS, MN 55437 US	Mailing Address ONE MERIDIAN CROSSINGS STE 100 MINNEAPOLIS, MN 55423 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1973108	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 RD. PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTZ, GREGORY B 8400 NORMANDALE LAKE BLVD STE 600 MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLSON, DAVEE L 8400 NORMANDALE LAKE BLVD STE 600 MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HULTBERG, DOUGLAS B 8400 NORMANDALE LAKE BLVD STE 600 MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLEAVY, BARRY 8400 NORMANDALE LAKE BLVD STE 600 MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAVIN, DAVID 8400 NORMANDALE LAKE BLVD., SUITE 600 MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEATS, MICHAEL J 8400 NORMANDALE LAKE BLVD STE 600 MINNEAPOLIS, MN 55437

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01/21/04-80022-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/04 (952) 832-7000
Date Daytime Phone #