2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2005 08:00 AM Secretary of State

| ANNOAL REPORT | | | | | Secretary of Stat | | | |
|--|--|---|-----------------------|------------------------------------|--|----------------------|-----------------------|--|
| 1. Entity Nan | MENT # F00000002 | | | 3 | ecretar | y or Stat | | |
| 8400 NORW | ce of Business MANDALE LAKE BLVD., SUITE 600 LIS, MN 55437 | Mailing Address ONE MERIDIAN CROSSINGS SUITE 100 MINNEAPOLIS, MN 55423 | | | | | | |
| Ε | OO NOT WRITE | IN THIS SPA | CE | 02022005 4. FEI Numbe 41-192 | No Chg-P | CR2E034 (1 | ,, ,,,,,,,,,, | |
| | 6. Name and Address of Current R | egistered Agent | | | A Section of the control of the cont | | 10401100 | |
| 1200 SOU | PORATION SYSTEM JTH PINE ISLAND ROAD TON, FL 33324 | | | NOT W | | | | |
| 8. The above the obligat SIGNATURE. | e named entity submits this statement for tlons of registered agent. Signature, typed or printed name of registered agent an | | ed office or register | | h, in the State of Flo | orida. I am familia | r with, and accept | |
| FiL After M | E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0 | Election Campaign Final Trust Fund Contribution. | | .00 May Be led to Fees | | <u>-</u> | , | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PARADIS, BRUCE J 8400 NORMANDALE LAKE BLVD MINNEAPOLIS, MN 55437 | | | | 02/18 /0 5 | 0235356 -80057-02 | 0 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SCHULTZ, GREGORY B 8400 NORMANDALE LAKE BLVD MINNEAPOLIS, MN 55437 | STE 600 | | - <u> </u> | . <u></u> | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SEATS, MICHAEL J 8400 NORMANDALE LAKE BLVD MINNEAPOLIS, MN 55437 | | DO DO | NOT W | RITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | HULTBERG, DOUGLAS B 8400 NORMANDALE LAKE BLVD., SUITE 600 | | | IN 7 | THIS SF | PACE | ! | |
| TITLE NAME STREET ADDRESS CITY-ST-7IP | CFO OLSON, DAVEE L 8400 NORMANDALE LAKE BLVD. MINNEAPOLIS MM 55437 | , SUITE 600 | | , – | | • | | |

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.

| Q1 | CN | ATI | IDE. |
|----|----|-----|------|

KLUMPP, RICHARD F

LAS VEGAS, NV 89109

3993 HOWARD HUGHES PARKWAY STE 250

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TO PEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-3-05 952-457-7000