

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F00000002318

1. Entity Name
LENONE, INC.



Principal Place of Business
**8400 NORMANDALE LAKE BLVD SUITE 600
MINNEAPOLIS, MN 55437**

Mailing Address
**ONE MERIDIAN CROSSINGS SUITE 100
MINNEAPOLIS, MN 55423**



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1927425

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**

**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 _____

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

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHULTZ, GREGORY B
STREET ADDRESS 8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP MINNEAPOLIS, MN 55437

TITLE V
NAME OLSON, DAVEE L
STREET ADDRESS 8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP MINNEAPOLIS, MN 55437

TITLE D
NAME DUNLEAVY, BARRY
STREET ADDRESS 8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP MINNEAPOLIS, MN 55437

TITLE S
NAME SEATS, MICHAEL J
STREET ADDRESS 8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP MINNEAPOLIS, MN 55437

TITLE D
NAME FLAVIN, DAVID
STREET ADDRESS 8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP MINNEAPOLIS, MN 55437

TITLE T
NAME HULTBERG, DOUGLAS
STREET ADDRESS 8400 NORMANDALE LAKE BLVD., SUITE 600
CITY-ST-ZIP MINNEAPOLIS, MN 55437

U00000235366
02/18/05-80057-024 150.00

**DO NOT WRITE
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

Date

Daytime Phone #

2-3-05 952-8572000