

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90098 049 \*\*\*150.00

<b>DOCUMENT # F00000003128</b>					
<b>1. Entity Name</b> CAP PRO INSURANCE AGENCY SERVICES, INC.					
<b>Principal Place of Business</b> 220 SOUTH 6TH STREET, STE 900 MINNEAPOLIS, MN 55402			<b>Mailing Address</b> 220 SOUTH 6TH STREET, STE 900 MINNEAPOLIS, MN 55402		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 41-1953232	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PCOO <b>NAME</b> CARLSON, CYNTHIA M <b>STREET ADDRESS</b> 4525 KIMBERLY COURT NORTH <b>CITY-ST-ZIP</b> MINNEAPOLIS, MN 55446	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> DORALE, RICHARD L <b>STREET ADDRESS</b> 8680 160TH COURT NW <b>CITY-ST-ZIP</b> ANOKA, MN 55303	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> ROLLAND, ROB <b>STREET ADDRESS</b> ONE NATIONWIDE PLAZA <b>CITY-ST-ZIP</b> COLUMBUS, OH 43215220	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> ROBERT ROLLAND <b>STREET ADDRESS</b> 5153 COBENHILL DRIVE <b>CITY-ST-ZIP</b> COLUMBUS, OH 43220	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AS <b>NAME</b> OFUBOY, STEVEN D <b>STREET ADDRESS</b> 150 NORTH SHORE DRIVE WEST <b>CITY-ST-ZIP</b> ORON, MN	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> AS <b>NAME</b> ROBERT P. LAWSON <b>STREET ADDRESS</b> 3307 KATIE LANE <b>CITY-ST-ZIP</b> ARDEN HILLS, MN 55112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE: X</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/12/04 Daytime Phone #					

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