2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005171

Entity Name: KBONE, INC.

FILED Feb 06, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8400 NORMANDALE LAKE BLVD., SUITE 600 MINNEAPOLIS, MN 55437				8400 NORMANDALE LAKE BLVD. SUITE 250 MINNEAPOLIS, MN 55437		
Current Mailing Address:				New Mailing Address:		
ONE MERIDIAN CROSSINGS SUITE 100 MINNEAPOLIS, MN 55423				ONE MERIDIAN CROSSINGS, SUITE 100 MC: 03-02-20 MINNEAPOLIS, MN 55423		
FEI Number: 54-1825815		FEI Number Applied For ()	FEI Number Not Applicable (icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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.						
SIGNATURE:						
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().						
		.,				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SCHULTZ, GREC	ALE LAKE BLVD., SUITE 600		Title: Name: Address: City-St-Zip:	8400 NORM	(X) Change () Addition GREGORY B MANDALE LAKE BLVD., SUITE 250 LIS, MN 55437
Title: Name: Address: City-St-Zip:	OLSON, DAVEE	ALE LAKE BLVD., SUITE 600		Title: Name: Address: City-St-Zip:		(X) Change () Addition ENNETH M IANDALE LAKE BLVD., SUITE 250 LIS, MN 55437
Title: Name: Address: City-St-Zip:	SEATS, MICHAE	ALE LAKE BLVD., SUITE 600		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	HULTBERG, DO	ALE LAKE BLVD., SUITE 600		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	DUNLEAVY, BÁF	ALE LAKE BLVD., SUITE 600		Title: Name: Address: City-St-Zip:	D BRIAN, MUI 6802 PARA RICHMOND	GON PLACE, SUITE 350
Title: Name: Address: City-St-Zip:	FLAVIN, DAVÌD	Delete ALE LAKE BLVD SUITE 600 MN 55437		Title: Name: Address: City-St-Zip:		(X) Change () Addition VID 1ANDALE LAKE BLVD SUITE 250 LIS, MN 55437

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDY MATHEUS L 02/06/2006