## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000001547

Entity Name: PREMIUM WATERS, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2125 BROADWAY STREET NE MINNEAPOLIS, MN 55413			2100 SUMMER ST. 200 MINNEAPOLIS, MN		
Current Ma	ailing Address	::	New Mailing Addre	New Mailing Address:	
2125 BROADWAY STREET NE MINNEAPOLIS, MN 55413			200	2100 SUMMER STREET 200 MINNEAPOLIS, MN 55413	
FEI Number:	41-1797514	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
24627 NOR ORANGE S		21 32182 US	ırpose of changing its registel	red office or registered agent, or both,	
SIGNATUR					
	Electroni	c Signature of Registered Ager	nt	Date	
Election Carr	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CD () CHESTERMAN, 4700 SOUTH LE SIOUX CITY, IA	WIS BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () CHESTERMAN, 4700 SOUTH LE SIOUX CITY, IA	WIS BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () CHESTERMAN, 4700 SOUTH LE	WIS BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () I UHL, STEVEN L 4700 SOUTH LE SIOUX CITY, IA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	NEMEC, GREG	Oelete Y STREET NE, SUITE 100 //N 55413	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MEYER, GARY	Delete Y STREET NE, SUITE 100 MN 55413	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: GARY MEYER CFO 04/13/2009