

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001547

FILED
Mar 16, 2010
Secretary of State

Entity Name: PREMIUM WATERS, INC.

Current Principal Place of Business:

2100 SUMMER ST.
200
MINNEAPOLIS, MN 55413

New Principal Place of Business:

Current Mailing Address:

2100 SUMMER STREET
200
MINNEAPOLIS, MN 55413

New Mailing Address:

FEI Number: 41-1797514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINOVICH, MICHAEL
24627 NORTH HIGHWAY 21
ORANGE SPRINGS, FL 32182 US

Name and Address of New Registered Agent:

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:

Title: CD
Name: CHESTERMAN, CY W SR.
Address: 4700 SOUTH LEWIS BLVD.
City-St-Zip: SIOUX CITY, IA 51106

Title: D
Name: CHESTERMAN, KAREN
Address: 4700 SOUTH LEWIS BLVD.
City-St-Zip: SIOUX CITY, IA 51106

Title: D
Name: CHESTERMAN, JAY
Address: 4700 SOUTH LEWIS BLVD.
City-St-Zip: SIOUX CITY, IA 51106

Title: SD
Name: UHL, STEVEN L
Address: 4700 SOUTH LEWIS BLVD.
City-St-Zip: SIOUX CITY, IA 51106

Title: PTD
Name: NEMEC, GREG
Address: 2520 BROADWAY STREET NE, SUITE 100
City-St-Zip: MINNEAPOLIS, MN 55413

Title: CFO
Name: MEYER, GARY
Address: 2520 BROADWAY STREET NE, SUITE 100
City-St-Zip: MINNEAPOLIS, MN 55413

I hereby 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 all other like empowered.

SIGNATURE: GARY MEYER

CFO

03/16/2010

Electronic Signature of Signing Officer or Director

Date