2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# F02000002076

Entity Name: LOL FINANCE CO.

Current Principal Place of Business:

4001 N. LEXINGTON AVENUE
ARDEN HILLS, MN 55126

New Principal Place of Business:

Current Mailing Address:

LAW DEPARTMENT - MS 2500
PO BOX 64101
ST. PAUL, MN 551640101

New Mailing Address:

FEI Number: 41-1388499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	P	( ) Delete
Name:	BOTTJEN, DENNIS G	
Address:	1080 WEST COUNTY ROAD F	
City-St-Zip:	SHOREVIEW, MN 55126	
Title:	S	( ) Delete
Name:	CURRAN, JOHN W	
Address:	4001 LEXINGTON AVENUE NORTH	
City-St-Zip:	ARDEN HILLS, MN 55126	
Title:	CFO	( ) Delete
Name:	WILKEN, TIMOTHY W	
Address:	1080 WEST COUNTY ROAD F	
City-St-Zip:	SHOREVIEW, MN 55126	
Title:	D	( ) Delete
Name:	KASBERGEN, CORNELL	
Address:	21744 ROAD 152	
City-St-Zip:	TULARE, CA 93274	
Title:	D	( ) Delete
Name:	HOOVER, GORDON B	
Address:	165 CAMBRIDGE ROAD	
City-St-Zip:	GAP, PA 17527	
Title:	D	( ) Delete
Name:	GHERTY, JOHN E	
Address:	4001 N. LEXINGTON AVENUE	
City-St-Zip:	ARDEN HILLS, MN 55126	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN W. CURRAN S 04/14/2005

Electronic Signature of Signing Officer or Director — Date