

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002076

Entity Name: LOL FINANCE CO.

FILED
Apr 24, 2008
Secretary of State

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: POLICINSKI, CHRIS
Address: 4001 N. LEXINGTON AVENUE
City-St-Zip: ARDEN HILLS, MN 55126

Title: D () Delete
Name: KNUTSON, DAN
Address: 4001 N. LEXINGTON AVENUE
City-St-Zip: ARDEN HILLS, MN 55126

Title: D () Delete
Name: KASBERGEN, CORNELL
Address: 4001 N. LEXINGTON AVENUE
City-St-Zip: ARDEN HILLS, MN 55126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOTTJEN, DENNIS G
Address: 4001 LEXINGTON AVENUE NORTH
City-St-Zip: ARDEN HILLS, MN 55126

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

Title: CFO (X) Change () Addition
Name: WILKEN, TIMOTHY W
Address: 4001 LEXINGTON AVENUE NORTH
City-St-Zip: ARDEN HILLS, MN 55126

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 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: JOHN W. CURRAN

SEC

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date