#### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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### **DOCUMENT # F03000002449**

1. Entity Name RYAN COMPANIES US, INC.



Principal Place of Business

50 SOUTH TENTH STREET, SUITE 300 MINNEAPOLIS, MN 55403-2012

Mailing Address

50 SOUTH TENTH STREET, SUITE 300 MINNEAPOLIS, MN 55403-2012

## FILED Feb 04, 2004 08:00 AM Secretary of State



01282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 41-0879057 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

LEXIS NEXIS DOCUMENT SOLUTIONS, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

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<ol> <li>the above named entry submits this statement for the participations of registered agent.</li> </ol>	ourpose of changing its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered egent and 600	if applicable. (NOTE, Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00	9. Election Campaign Financing \$5.00 May Be	UUUUUUU34583 02/05/04-80093-009 150.00

After May 1, 2004 Fee will be \$550.00		Trust Fund Contribution.
10.	OFFICERS AND DIRECT	TORS
TITLE NAME STREET ADDRESS CRY-ST-ZIP	P RYAN, PATRICK G 50 SOUTH TENTH STREET, SUITE 30 MINNEAPOLIS, MN 554032012	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAWRO, MARY E 50 SOUTH TENTH STREET, SUITE 30 MINNEAPOLIS, MN 554032012	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRAY, TIMOTHY M 50 SOUTH TENTH STREET, SUITE 30 MINNEAPOLIS, MN 554032012	0 .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RYAN, FRANCIS J RYAN BUILDING, SUITE 3 HIBBING, MN 55746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, RUSSELL J RYAN BUILDING, SUITE 3 HIBBING, MN 55746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, JAMES R 50 SOUTH TENTH STREET, SUITE 30 MINNEAPOLIS, MN 554032012	0

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DOLLAR DOLLA

Daytime Phone #