2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003752

Entity Name: UNCOMMON USA, INC

Address:

22 W. 131 22ND STREET

City-St-Zip: GLEN ELLYN, IL 60137

FILED Feb 17, 2007 Secretary of State

y		viciv 66/1, ii vc.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5250 HWY WILLMAR	71 NE , MN 56201				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
5250 HWY WILLMAR	71 NE , MN 56201				
FEI Number	: 41-1848600	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
STE. 405A	H AVE. NORT	TH.			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ago	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CP (ERICKSON, M 4400 15TH STI WILLMAR, MN	REET NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCP (REEDER, EDV 434 3RD STRE LOMBARD, IL	ET SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (LENICH, J. RU 22558 RESER PLAINFIELD, I	VE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (KOVELL, ROB 1916 LINDA LA ST. CLOUD, M	NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (O'HANLAN, TH) Delete OMAS G	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT A. KOVELL, TREASURER DT 02/17/2007