

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90010 050 ***150.00

DOCUMENT # F03000003810

1. Entity Name
BALANGIER DESIGNS, INC.



40100001



Principal Place of Business
**4560-36TH STREET
ORLANDO, FL 32811**

Mailing Address
**7900 XERXES AVENUE SOUTH, SUITE 1800
MINNEAPOLIS, MN 55431**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
22-2142336

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE **C** ☐ Delete
NAME **HUFFER, RUSSELL**
STREET ADDRESS **7900 XERXES AVENUE SOUTH, SUITE 1800**
CITY-ST-ZIP **MINNEAPOLIS, MN 55431**

TITLE **Chief Information Officer** ☐ Change ☒ Addition
NAME **Daniel P. Mayleben**
STREET ADDRESS **7900 XERXES AVE S. SUITE 1800**
CITY-ST-ZIP **MINNEAPOLIS MN 55431**

TITLE **VCP** ☒ Delete
NAME **CLAUER, MICHAEL**
STREET ADDRESS **7900 XERXES AVENUE SOUTH, SUITE 1800**
CITY-ST-ZIP **MINNEAPOLIS, MN 55431**

TITLE **CFO** ☐ Change ☒ Addition
NAME **JAMES S. PORTER**
STREET ADDRESS **7900 XERXES AVE S. SUITE 1800**
CITY-ST-ZIP **MINNEAPOLIS, MN 55431**

TITLE **S** ☐ Delete
NAME **BEITHON, PATRICIA**
STREET ADDRESS **7900 XERXES AVENUE SOUTH, SUITE 1800**
CITY-ST-ZIP **MINNEAPOLIS, MN 55431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **JOHNSON, GARY**
STREET ADDRESS **7900 XERXES AVENUE SOUTH, SUITE 1800**
CITY-ST-ZIP **MINNEAPOLIS, MN 55431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DECKMAN, JOSEPH**
STREET ADDRESS **4000 OLSON MEMORIAL HIGHWAY, SUITE 600**
CITY-ST-ZIP **MINNEAPOLIS, MN 55422**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DFD** ☐ Delete
NAME **GRAY, DEBORAH**
STREET ADDRESS **4560 36TH ST**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 OR DIRECTOR

Date

Daytime Phone #

4/24/07 407-49-1100