2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005793

Entity Name: BEST VENDORS MANAGEMENT, INC.

Apr 20, 2011 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

400 OLSON MEMORIAL HYWY 700 MEADOW LANE N 400

400

MINNEAPOLIS, MN 55422 MINNEAPOLIS, MN 55422

Current Mailing Address: New Mailing Address:

C/O TAX DEPT 2400 YORKMONT RD. CHARLOTTE, NC 28217

FEI Number: 42-1607162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

OFFICERS AND DIRECTORS:

Title:

ROSSITCH, RICHARD Name: 2400 YORKMONT RD. Address: City-St-Zip: CHARLOTTE, NC 28217

Title: **DVPS**

BROWN, C PALMER Name: 2400 YORKMONT RD. Address: CHARLOTTE, NC 28217 City-St-Zip:

Title: AS

DELANO, DEBORAH K Name: 2400 YORKMONT RD. Address: City-St-Zip: CHARLOTTE, NC 28217

Title:

ZAUF, GARY Z Name: Address: 2400 YORKMONT RD. City-St-Zip: CHARLOTTE, NC 28217

Title: AS

Name: BRIOTTE, KRISTIN E 2400 YORKMONT RD. Address: City-St-Zip: CHARLOTTE, NC 28217

Title:

Name: MCDONALD, ANTHONY Address: 2400 YORKMONT RD City-St-Zip: CHARLOTTE, NC 28217

I hereby 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 all other like empowered.

SIGNATURE: C PALMER BROWN **DVPS** 04/20/2011