2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000000239

1. Entity Name
T.E. IBBERSON COMPANY

Principal Place of Business	Mailing Address
828 FIFTH STREET SOUTH HOPKINS, MN 55343-7750	828 FIFTH STREET SOUTH HOPKINS, MN 55343-7750

05192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1080209
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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.

U00000368777
05/31/05-80016-007 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	KIMES, STEVEN C
STREET ADDRESS	828 FIFTH STREET SOUTH
CITY-ST-ZIP	HOPKINS, MN 55343
TITLE	VC
NAME	BERG, BRYANT M
STREET ADDRESS	828 FIFTH STREET SOUTH
CITY-ST-ZIP	HOPKINS, MN 55343
TITLE	D
NAME	HIGGINS, GLENN R
STREET ADDRESS	828 FIFTH STREET SOUTH
CITY-ST-ZIP	HOPKINS, MN 553437750
TITLE	D
NAME	FRANKOSKY, STEPHEN
STREET ADDRESS	828 FIFTH STREET SOUTH
CITY-ST-ZIP	HOPKINS, MN 553437750
TITLE	VP
NAME	KISSANE, J.F.
STREET ADDRESS	2211 ELK RIVER ROAD
CITY-ST-ZIP	STEAMBOAT SPRINGS, CO 80487
TITLE	S
NAME	HULLINGER, ROBERT
STREET ADDRESS	828 FIFTH STREET SOUTH
CITY-ST-ZIP	HOPKINS, MN 553437750

DO NOT WRITE IN THIS SPACE

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: Robert Hullinger 5.19.05 952-938-7C
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #