

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000001786

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** BORDER STATES MANAGEMENT, INC.

**Current Principal Place of Business:**

4615 W HOMEFIELD DR  
STE 101  
SIOUX FALLS, SD 57106

**New Principal Place of Business:**

**Current Mailing Address:**

1708 SOUTH 1ST STREET  
WILLMAR, MN 56201

**New Mailing Address:**

**FEI Number:** 46-0432839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PLATTE, DAVID E  
603 INDIAN ROCKS RD.  
BELLEAIR, FL 33756 US

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

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: CP  
Name: CODY, JOE  
Address: 2020 S ABBEYSTONE COURT  
City-St-Zip: SIOUX FALLS, SD 57110

Title: VCVF  
Name: WALZ, MIKE  
Address: 3045 WEST DONAHUE DRIVE  
City-St-Zip: SIOUX FALLS, SD 57105

Title: DST  
Name: KRAGH, RANDY  
Address: 1920 MEADOWROSE BLVD.  
City-St-Zip: ST CLOUD, MN 56301

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: JOE CODY

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date