

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002778

FILED
Apr 14, 2005
Secretary of State

Entity Name: BANCNORTH INVESTMENT GROUP, INC.

Current Principal Place of Business:

400 FIRST STREET SOUTH, STE. 300
ST. CLOUD, MN 56301

New Principal Place of Business:

Current Mailing Address:

400 FIRST STREET SOUTH, STE. 300
ST. CLOUD, MN 56301

New Mailing Address:

20 WASHINGTON AVENUE S. #1260
MINNEAPOLIS, MN 55401

FEI Number: 41-1735462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: CICCATTI, RANDALL LEE
Address: 400 FIRST STREET SOUTH, STE. 300
City-St-Zip: ST. CLOUD, MN 56301

Title: VPD () Delete
Name: MAAS, KEVIN PAUL
Address: 400 FIRST STREET SOUTH, STE. 300
City-St-Zip: ST. CLOUD, MN 56301

Title: VPCF () Delete
Name: SHELSON, MARK
Address: 400 FIRST STREET SOUTH, STE. 300
City-St-Zip: ST. CLOUD, MN 56301

Title: S () Delete
Name: CLUDRAY-ENGELKE, PAULA
Address: 400 FIRST STREET SOUTH, STE. 300
City-St-Zip: ST. CLOUD, MN 56301

Title: D () Delete
Name: WILLIAMS, CLINTON
Address: 400 FIRST STREET SOUTH, STE. 300
City-St-Zip: ST. CLOUD, MN 56301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CICCATTI, RANDALL LEE
Address: 400 FIRST STREET SOUTH, STE. 300
City-St-Zip: ST. CLOUD, MN 56301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROWN, VALERIE
Address: 3424 PEACHTREE ROAD NE
City-St-Zip: ATLANTA, GA 30327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPCF () Change (X) Addition
Name: SHELSON, MARK
Address: 400 FIRST STREET S. #300
City-St-Zip: ST. CLOUD, MN 56301

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

SIGNATURE: PAULA CLUDRAY-ENGELKE

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04/14/2005

Electronic Signature of Signing Officer or Director

Date