## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000007193

Entity Name: MAC ARTHUR CO.

FILED Apr 01, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2400 WYCLIFF STREET ST. PAUL, MN 55114 **Current Mailing Address: New Mailing Address:** 2400 WYCLIFF STREET ST. PAUL, MN 55114 FEI Number: 41-0388120 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition LOCKWOOD, RICHARD RHODES, CLYDE A Name: Name: 2400 WYCLIFF STREET 2400 WYCLIFF STREET Address: Address: City-St-Zip: ST. PAUL, MN 55114 City-St-Zip: ST. PAUL, MN 55114 VD Title: PD Title: () Delete (X) Change ( ) Addition RHODES, CLYDE A JR MOEN, BARRETT W Name: Name: 2400 WYCLIFF STREET 2400 WYCLIFF STREET Address: Address: ST. PAUL, MN 55114 ST. PAUL, MN 55114 City-St-Zip: City-St-Zip: Title: VD ( ) Delete Title: VD (X) Change ( ) Addition MOEN, BARRETT W DONNELLY, JOHN J Name: Name: 2400 WYCLIFF STREET 2855 MANDELA PKWY STE. D Address: Address: ST. PAUL, MN 55114 City-St-Zip: OAKLAND, CA 94608 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition VOGEL, PAMELA VOGEL, PAMELA Name: Name: Address: 2400 WYCLIFF STREET Address: 2400 WYCLIFF STREET City-St-Zip: ST. PAUL, MN 55114 City-St-Zip: ST. PAUL, MN 55114 Title: Title: (X) Change ( ) Addition () Delete LOCKWOOD, GREG Name: BROWN, WILLIAM S Name: 2400 WYCLIFF STREET Address: 102 INDUSTRIAL PARK Address: City-St-Zip: ST. PAUL, MN 55114 City-St-Zip: GRAETTINGER, IA 51342 Title: () Delete Title: ( ) Change (X) Addition Name: Name: SZERBAT, JEROME G Address: Address: 4700 N 129TH ST. City-St-Zip: City-St-Zip: **BUTLER. WI 53007** 

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: PAMELA J. VOGEL S 04/01/2005