


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90044 042 ***150.00

| | | | | | |
|--|-------------------------|---|--|---|--|
| DOCUMENT # F04000007326 | | | |  | |
| 1. Entity Name MAGNUS SERVICES, INC. | | | | | |
| Principal Place of Business 16430 NORTH SCOTTSDALE ROAD, SUITE 300 SCOTTSDALE, AZ 85254 | | | Mailing Address 10900 WAYZATA BOULEVARD MINNETONKA, MN 55305 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | |
| | | | City | FL | Zip Code |
| 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. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SLACK, EARL R | | NAME | Richard E. Evans | |
| STREET ADDRESS | 8020 CORPORATE DRIVE | | STREET ADDRESS | 10900 Wayzata Boulevard | |
| CITY-ST-ZIP | WHITE MARSH, MD 21236 | | CITY-ST-ZIP | Minnetonka, MN 55305 | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOTTWALT, THOMAS J | | NAME | | |
| STREET ADDRESS | 10900 WAYZATA BOULEVARD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MINNETONKA, MN 55305 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVANS, RICHARD G | | NAME | | |
| STREET ADDRESS | 10900 WAYZATA BOULEVARD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MINNETONKA, MN 55305 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FJELLMAN, SCOTT R | | NAME | | |
| STREET ADDRESS | 10900 WAYZATA BOULEVARD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MINNETONKA, MN 55305 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WESSELINK, DAVID D | | NAME | | |
| STREET ADDRESS | 10900 WAYZATA BOULEVARD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MINNETONKA, MN 55305 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MELIUS, MATTHEW S | | NAME | | |
| STREET ADDRESS | 10900 WAYZATA BOULEVARD | | STREET ADDRESS | | |
| CITY-ST-ZIP | MINNETONKA, MN 55305 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <i>Richard E. Evans</i> | | | 2/7/05 952-358-4339 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

50013859



02042005 Chg-P CR2E034 (10/03)

4. FEI Number **41-1940906** Applied For
Not Applicable

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