

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**

50013859



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

02042005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** Zip Code: _____

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

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: P <input checked="" type="checkbox"/> Delete	NAME: SLACK, EARL R STREET ADDRESS: 8020 CORPORATE DRIVE CITY-ST-ZIP: WHITE MARSH, MD 21236
TITLE: V <input type="checkbox"/> Delete	NAME: GOTTWALT, THOMAS J STREET ADDRESS: 10900 WAYZATA BOULEVARD CITY-ST-ZIP: MINNETONKA, MN 55305
TITLE: S <input type="checkbox"/> Delete	NAME: EVANS, RICHARD G STREET ADDRESS: 10900 WAYZATA BOULEVARD CITY-ST-ZIP: MINNETONKA, MN 55305
TITLE: T <input type="checkbox"/> Delete	NAME: FJELLMAN, SCOTT R STREET ADDRESS: 10900 WAYZATA BOULEVARD CITY-ST-ZIP: MINNETONKA, MN 55305
TITLE: D <input type="checkbox"/> Delete	NAME: WESSELINK, DAVID D STREET ADDRESS: 10900 WAYZATA BOULEVARD CITY-ST-ZIP: MINNETONKA, MN 55305
TITLE: D <input type="checkbox"/> Delete	NAME: MELIUS, MATTHEW S STREET ADDRESS: 10900 WAYZATA BOULEVARD CITY-ST-ZIP: MINNETONKA, MN 55305

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Richard E. Evans STREET ADDRESS: 10900 Wayzata Boulevard CITY-ST-ZIP: Minnetonka, MN 55305
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ 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)(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: Richard E. Evans Date: 2/7/05 Daytime Phone #: 952-358-4339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #