2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000890

Title:

Name:

Address:

City-St-Zip:

CEOD

KOZBERG, MÁRC H

() Delete

701 XENIA AVE SO, STE 100

GOLDEN VALLEY, MN 55416

Entity Name: THE OAK RIDGE FINANCIAL SERVICES GROUP, INC.

FILED Jan 30, 2009 Secretary of State

,			, ,			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	AVE. SO., STE ALLEY, MN 55					
Current Mailing Address:			New Maili	ng Address:		
	AVE. SO., STE ALLEY, MN 55					
FEI Number:	41-1868775	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1200 SOUT	DRATION SYST H PINE ISLANI DN, FL 33324					
The above in the State		bmits this statement for the	purpose of changing i	ts registered off	ice or registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent			ent		Date	
Election Cam	paign Financing ⁻	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PR/D (X) E LEONARD, MICH 701 XENIA AVE. 3 GOLDEN VALLEY	SO., STE 100	Title: Name: Address: City-St-Zip:	()(Change()Addition	
Title: Name: Address: City-St-Zip:	VP/D () D POTTER, JAMES 701 XENIA AVE. 3 GOLDEN VALLEY	SO., STE 100	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E NEWMAN, LISA 701 XENIA AVE. S GOLDEN VALLEY		Title: Name: Address: City-St-Zip:	VP/D (X)		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES POTTER VP/D 01/30/2009

() Change () Addition