

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90033 015 ***150.00

DOCUMENT # F05000004531

1. Entity Name
TRU VUE, INC.



Principal Place of Business
**9400 WEST 55TH STREET
MCCOOK, IL 60525**

Mailing Address
**7900 XERXES AVENUE SOUTH, SUITE 1800
MINNEAPOLIS, MN 55431**



DO NOT WRITE IN THIS SPACE

07182008 No Chg-P CR2E034 (11/05)

4. FEI Number
36-2091655

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HUFFER, RUSSELL 7900 XERXES AVENUE SOUTH, SUITE 1800 MINNEAPOLIS, MN 55431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYCE, JANE 9400 WEST 55TH STREET MCCOOK, IL 60525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GARY 7900 XERXES AVENUE SOUTH, SUITE 1800 MINNEAPOLIS, MN 55431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEITHON, PATRICIA A 7900 XERXES AVENUE SOUTH, SUITE 1800 MINNEAPOLIS, MN 55431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, GARY R 7900 XERXES AVENUE SOUTH, SUITE 1800 MINNEAPOLIS, MN 55431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANE BOYCE

8/7/08

Date

708 845 2670

Daytime Phone #