


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90030 041 \*\*\*150.00

<b>DOCUMENT # F06000007766</b> 1. Entity Name SKYLINE SALES, INC.	
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Principal Place of Business 3355 DISCOVERY ROAD EAGAN, MN 55121	Mailing Address 3355 DISCOVERY ROAD EAGAN, MN 55121
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD VEKICH, MICHAEL M 3355 DISCOVERY ROAD EAGAN, MN 55121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>OFF</del> DT MEYER, JEFFREY D 3355 DISCOVERY ROAD EAGAN, MN 55121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOUQUET, DAVID C 3355 DISCOVERY ROAD EAGAN, MN 55121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PLUNKETT, PAUL B 7900 XERXES AVENUE SOUTH, SUITE 1500 MINNEAPOLIS, MN 55431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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: Jeffrey D. Meyer Jeffrey D. Meyer 1-23-08 651-234-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #