

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90047 021 ***158.75

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1. Entity Name

NELSON-RUDIE & ASSOCIATES, INC.



Principal Place of Business

2575 UNIVERSITY AVE W, STE 135
ST. PAUL MN 55114

Mailing Address

2575 UNIVERSITY AVE W, STE 135
ST. PAUL MN 55114



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-1276371**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE FL 33470

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
RUDIE, SCOTT F
2575 UNIVERSITY AVE W, STE 135
ST. PAUL MN 55114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Michael D. Woehrle
2575 University Ave Ste 135
St. Paul MN 55114 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
PEARCE, JOSEPH
2575 UNIVERSITY AVE W, STE 135
ST. PAUL MN 55114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Andrew N. Erdmann
2575 University Ave Ste 135
St. Paul, MN 55114 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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

Scott F. Rudie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott F. Rudie 2.2.07

Date

Daytime Phone #

651-644-2400