

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F07000000694 1. Entity Name LODGENET STAYONLINE, INC.	
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Principal Place of Business 7667 CURRENCY DRIVE ORLANDO, FL 32809	Mailing Address 7667 CURRENCY DRIVE ORLANDO, FL 32809
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03202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5973232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**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	CP PETERSEN, SCOTT 3900 WEST INNOVATION STREET SIOUX FALLS, SD 571077002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP RITONDARO, GARY 3900 WEST INNOVATION STREET SIOUX FALLS, SD 571077002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NARO, JAMES 3900 WEST INNOVATION STREET SIOUX FALLS, SD 571077002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANKERS, ALEX 3900 WEST INNOVATION STREET SIOUX FALLS, SD 571077002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/10/08-80106-012 150.00

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:** Alex Bankers **3/28/08** **(605) 988-1000**

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