

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000694

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** LODGENET STAYONLINE, INC.

**Current Principal Place of Business:**

3900 W INNOVATION ST  
SIOUX FALLS, SD 57107 US

**New Principal Place of Business:**

**Current Mailing Address:**

3900 W INNOVATION ST  
SIOUX FALLS, SD 57107 US

**New Mailing Address:**

**FEI Number:** 20-5973232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PCD  
**Name:** PETERSEN, SCOTT  
**Address:** 3900 W INNOVATION ST  
**City-St-Zip:** SIOUX FALLS, SD 571077002 US

**Title:** TD  
**Name:** FRANK, ELSENBAST  
**Address:** 3900 W INNOVATION ST  
**City-St-Zip:** SIOUX FALLS, SD 571077002 US

**Title:** SD  
**Name:** NARO, JAMES  
**Address:** 3900 W INNOVATION ST  
**City-St-Zip:** SIOUX FALLS, SD 571077002 US

**Title:** VP  
**Name:** BERREY, STEVEN  
**Address:** 120 INTERSTATE NORTH PARKWAY, SUITE 160  
**City-St-Zip:** ATLANTA, GA 30339 US

I hereby 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 all other like empowered.

**SIGNATURE:** FRANK ELSENBAST

TD

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date