

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90009 026 ***150.00

DOCUMENT # F07000003999

1. Entity Name
ADMINISTRATION RESOURCES CORPORATION



Principal Place of Business
**11490 XEON ST., NW
COON RAPIDS, MN 55448**

Mailing Address
**11490 XEON ST., NW
COON RAPIDS, MN 55448**

40047720



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
41-1909161

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
PREKKER, ARDEEN L
11490 XEON ST., NW
COON RAPIDS, MN 55448** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
Charles L. Wilkins
4900 Bruen Road E.
Minnetonka, MN 55343** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MOOISMAN, GARY G
11490 XEON ST., NW
COON RAPIDS, MN 55448** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
John M. Conklin
4900 Bruen Rd. E.
Minnetonka, MN 55343** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COOD
MOOISMAN, MARC C
11490 XEON ST., NW
COON RAPIDS, MN 55448** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
Jeffrey D. Gusklass
4900 Bruen Rd. E.
Minnetonka, MN 55343** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HITCHCOCK, THOMAS N
2323 N. MAYFAIR RD., SUITE 600
MILWAUKEE, WI 53226** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DRETZKA, KEVIN R
9864 WILSHIRE BLVD.
BEVERLY HILLS, CA 90210** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MCALPIN, PEGGY A
11490 XEON ST., NW
COON RAPIDS, MN 55448** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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, who empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. CONKLIN Secretary 3/3/08 952-936-1932

Date

Daytime Phone #