2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000003999

Entity Name: ADMINISTRATION RESOURCES CORPORATION

FILED Oct 14, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
11490 XEON ST., NW COON RAPIDS, MN 55448						
Current Mailing Address:			New Mailir	New Mailing Address:		
11490 XEON ST., NW COON RAPIDS, MN 55448						
FEI Number: 41-1909161 FEI Number Applied For () FEI Num			FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US						
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: MICHELE MILLER						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () E WILKINS, CHARL 9900 BREN ROA MINNETOUKA, M	D E.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () C CONKLIU, JOHN 9900 BREN RD E MINNETOUKA, M	Ĭ.	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition CONKLIN, JOHN M 2525 LAKE PARK BLVD WEST VALLEY CITY, UT 84120		
Title: Name: Address: City-St-Zip:	CFO () E GROSKLASS, JE 9900 BREN RD. I MINNETOUKA, M	Ε.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () E HITCHCOCK, THI 2323 N. MAYFAIR MILWAUKEE, WI	R RD., SUITE 600	Title: Name: Address: City-St-Zip:	TREA (X) Change () Addition OBERRENDER, ROBERT W 9900 BREN ROAD E MINNETONKA, MN 55343		
Title: Name: Address: City-St-Zip:	D () C DRETZKA, KEVIN 9864 WILSHIRE BEVERLY HILLS	BLVD.	Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition KRUEMPELSTAEDTER, ROBERT 9900 BREN ROAD E MINNETONKA, MN 55343		
Title: Name: Address: City-St-Zip:	VD (X) I MCALPIN, PEGG 11490 XEON ST. COON RAPIDS, N	, NW	Title: Name: Address: City-St-Zip:	() Change () Addition		
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN CONKLIN SECR 10/14/2009