

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001916

Entity Name: CAPITAS FINANCIAL, INC.

FILED
Feb 17, 2012
Secretary of State

Current Principal Place of Business:

200 COON RAPIDS BOULEVARD NW
SUITE 300
MINNEAPOLIS, MN 55433

New Principal Place of Business:

Current Mailing Address:

200 COON RAPIDS BOULEVARD NW
SUITE 300
MINNEAPOLIS, MN 55433

New Mailing Address:

FEI Number: 27-4386961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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: CD
Name: SMITH, CHARLES T
Address: 200 COON RAPIDS BLVD NW #300
City-St-Zip: MINNEAPOLIS, MN 55433

Title: CFO
Name: WEBER, ROGER A
Address: 200 COON RAPIDS BLVD NW #300
City-St-Zip: MINNEAPOLIS, MN 55433

Title: TD
Name: DIERCKS, DANIEL K
Address: 200 COON RAPIDS BLVD NW #300
City-St-Zip: MINNEAPOLIS, MN 55433

Title: CEOD
Name: MOHR, BLAKE
Address: 200 COON RAPIDS BLVD NW #300
City-St-Zip: MINNEAPOLIS, MN 55433

Title: VPD
Name: GOWERS, STEPHEN J
Address: 200 COON RAPIDS BLVD NW #300
City-St-Zip: MINNEAPOLIS, MN 55433

Title: COO
Name: DEUTSCH, JODEE
Address: 200 COON RAPIDS BLVD NW #300
City-St-Zip: MINNEAPOLIS, MN 55433

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: JODEE DEUTSCH

COO

02/17/2012

Electronic Signature of Signing Officer or Director

Date