



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90078 019 \*\*\*150.00

<b>DOCUMENT # F93000002748</b>					
<b>1. Entity Name</b> LIBERTY SHARE DRAFT & CHECK PRINTERS, INC.					
<b>Principal Place of Business</b> 5267 PROGRAM AVENUE MOUNDS VIEW, MN 55112 US			<b>Mailing Address</b> 5267 PROGRAM AVENUE MOUNDS VIEW, MN 55112 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012005    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 41-1641460	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL    Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	C T CORPORATION SYSTEM COPHAM, DAVID L 5267 PROGRAM AVENUE MOUNDS VIEW, MN 55112	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP PROVENZANO, MICHAEL J 5267 PROGRAM AVENUE MOUNDS VIEW, MN 55112	<input checked="" type="checkbox"/> Delete		EVP Gene Duncan 5267 Program Ave Mounds View Mn 55112 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CFO MAGEAU, KIM 5267 PROGRAM AVENUE MOUNDS VIEW, MN 55112	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CEO MOHR, CURTIS 5267 PROGRAM AVENUE MOUNDS VIEW, MN 55112	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P HOLLEN, STAN 5267 PROGRAM AVENUE MOUNDS VIEW, MN 55112	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	EVST. MAGEAU, KIM 5267 PROGRAM AVENUE MOUNDS VIEW, MN 55112	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> _____ <span style="float: right;">3/11/05</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT #F93000002748

**Officers of Liberty Share Draft & Check Printers, Inc.**

Name: Stanley C. Hollen  
Title: C.E.O. & President  
Address: 5267 Program Avenue, Mounds View MN 55112

40035428

Name: Kim Mageau  
Title: EVP - Administration/CFO/Secretary/Treasurer  
Address: 5267 Program Avenue, Mounds View MN 55112

Name: Gene Duncan  
Title: EVP - Sales & Marketing  
Address: 5267 Program Avenue, Mounds View MN 55112

**Directors of Liberty Share Draft & Check Printers, Inc.**

Name: David L. Copham  
Title: Director of the Company  
Address: 5267 Program Avenue, Mounds View MN 55112