

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004161

FILED  
Apr 23, 2012  
Secretary of State

Entity Name: FIRST DAKOTA, INC.

**Current Principal Place of Business:**

212 N. FOURTH ST  
BISMARCK, ND 58501

**New Principal Place of Business:**

**Current Mailing Address:**

1 CORPORATE WAY  
ATTN: TAX DEPT. S35  
LANSING, MI 48951

**New Mailing Address:**

FEI Number: 45-0372526      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: P/D  
Name: GUNDERSON, GREG  
Address: 212 N. FOURTH ST  
City-St-Zip: BISMARCK, ND 58501

Title: V  
Name: GUNDERSON, GERRY  
Address: 212 N. FOURTH ST  
City-St-Zip: BISMARCK, ND 58501

Title: S/D  
Name: MEYER, THOMAS J  
Address: 1 CORPORATE WAY  
City-St-Zip: LANSING, MI 48951

Title: D  
Name: LIVINGSTON, JAMES  
Address: 7601 TECHNOLOGY WAY  
City-St-Zip: DENVER, CO 80237

Title: AVP  
Name: GARRISON, JAMES  
Address: 1 CORPORATE WAY  
City-St-Zip: LANSING, MI 48951

Title: AVP  
Name: MANEVAL, TODD  
Address: 1 CORPORATE WAY  
City-St-Zip: LANSING, MI 48951

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: THOMAS J. MEYER

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04/23/2012

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

\_\_\_\_\_ Date