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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001012 (3)**

1. Corporation Name

SERVICE 145 CORP.

Principal Place of Business	Mailing Address
1265 CORPORATE CENTER DR., STE. 190 EAGAN MN 55121	1265 CORPORATE CENTER DR., STE. 190 EAGAN MN 55121

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 55121-1256 / Country 25	Zip 29: 55121-1256 / Country 30

4. FEI Number: 41-1761567 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	BROWN, DERRILL E	1.2 NAME	Brown, Derrill E.	
STREET ADDRESS	4118 27TH AVE. W.	1.3 STREET ADDRESS	1133 4th Street, Suite 300	
CITY-ST-ZIP	BRADENTON FL 34205	1.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	FORD, JOHN	2.2 NAME		
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., STE.1180	2.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55437	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	GRAHAM, ROBERT H	3.2 NAME	Graham, Robert H.	
STREET ADDRESS	68683 CALLE ESPEJO	3.3 STREET ADDRESS	610 Newport Center Dr., Suite 270	
CITY-ST-ZIP	CATHEDRAL CITY CA 92264	3.4 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	HEAGLE, RONALD J	4.2 NAME		
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., #1180	4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55437	4.4 CITY-ST-ZIP		
TITLE	VTD	5.1 TITLE		☐ Change ☐ Addition
NAME	LACHENMAYER, JOHN R	5.2 NAME		
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., #1180	5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55437	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	LOCKHART, GARY G	6.2 NAME	Lockhart, Gary G.	
STREET ADDRESS	2940 SOUTH PIPER DR.	6.3 STREET ADDRESS	600 S. Cherry Street, Suite 810	
CITY-ST-ZIP	ERIE CO 80516	6.4 CITY-ST-ZIP	Denver, CO 80222	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X John R Lachenmayer 4-17-95 612-835-8083
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

040043 FP