


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90266 024 ***150.00

DOCUMENT # F95000000399 1. Entity Name OPERATION BASS, INC.					
Principal Place of Business 30 GAMBLE LN BENTON, KY 42025 US			Mailing Address 2900 IDS CENTER 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 61-0988879	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP P EVANS, CHARLES 2900 IDS CTR 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lindsay, Daniel T 2900 IDS Center, 80 S. 8th Street Minneapolis MN 55402	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOAZ, SETH T 30 GAMBL LN BENTON, KY 42025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fennel, Kathy A 2900 IDS Center, 80 S. 8th Street Minneapolis MN 55402	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBS, TRISHA L 2900 IDS CTR 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Petrowiak, William H. 2900 IDS Center, 80 S. 8th Street Minneapolis MN 55402	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JACOBS, IRWIN L 2900 IDS CTR. 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Washburn, William D. 2900 IDS center, 80 S. 8th Street Minneapolis, MN 55402	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MAHLER, DAVID A 2900 IDS CTR. 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOVER, CHARLES H 2900 IDS CTR. 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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 without an address, with all other like empowered.					
SIGNATURE: <u>David A. Mahler</u> DAVID A. Mahler <u>4/18/05</u> <u>6123371864</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					