

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0988879

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME EVANS, CHARLES
STREET ADDRESS 2900 IDS CTR 80 SOUTH 8TH STREET
CITY-ST-ZIP MINNEAPOLIS, MN 55402

TITLE T
NAME BOAZ, SETH T
STREET ADDRESS 30 GAMBL LN
CITY-ST-ZIP BENTON, KY 42025

TITLE VP
NAME JACOBS, TRISHA L
STREET ADDRESS 2900 IDS CTR 80 SOUTH 8TH STREET
CITY-ST-ZIP MINNEAPOLIS, MN 55402

TITLE CD
NAME JACOBS, IRWIN L
STREET ADDRESS 2900 IDS CTR. 80 SOUTH 8TH STREET
CITY-ST-ZIP MINNEAPOLIS, MN 55402

TITLE CFO
NAME MAHLER, DAVID A
STREET ADDRESS 2900 IDS CTR. 80 SOUTH 8TH STREET
CITY-ST-ZIP MINNEAPOLIS, MN 55402

TITLE S
NAME LINDSAY, DANIEL T
STREET ADDRESS 2900 IDS CTR. 80 SOUTH 8TH STREET
CITY-ST-ZIP MINNEAPOLIS, MN 55402

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05/12/06-80074-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

David Mahler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Mahler

4/19/06

Date

612-339-9500

Daytime Phone #