

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90146 032 \*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282008

Chg-P

CR2E034 (12/06)

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

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR, SUITE 4  
WESTON, FL 33331**

7. Name and Address of New Registered Agent

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

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, 2008 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	<input type="checkbox"/> Delete
NAME	EVANS, CHARLES	
STREET ADDRESS	2900 IDS CTR 80 SOUTH 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOAZ, SETH T	
STREET ADDRESS	30 GAMBL LN	
CITY-ST-ZIP	BENTON, KY 42025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACOBS, TRISHA L	
STREET ADDRESS	2900 IDS CTR 80 SOUTH 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JACOBS, IRWIN L	
STREET ADDRESS	2900 IDS CTR. 80 SOUTH 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MAHLER, DAVID A	
STREET ADDRESS	2900 IDS CTR. 80 SOUTH 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE	S	<input type="checkbox"/> Delete
NAME	LINDSAY, DANIEL T	
STREET ADDRESS	2900 IDS CTR. 80 SOUTH 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>30 GAMBLE LN</b>
CITY-ST-ZIP	<b>BENTON, KY 42025</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>30 GAMBLE LN</b>
CITY-ST-ZIP	<b>BENTON, KY 42025</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 A Mahler* CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/08* *612-339-9500*  
Date Daytime Phone #