


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90142 050 \*\*\*550.00

<b>DOCUMENT # F96000001514</b> 1. Entity Name <b>ALLIED INTERSTATE, INC.</b>					
Principal Place of Business <b>435 FORD RD 800 INTERCHANGE WEST MINNEAPOLIS, MN 55426</b>			Mailing Address <b>3111 SOUTH DIXIE HIGHWAY SUITE 101 WEST PALM BEACH, FL 33405</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07152005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>41-0919488</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FISH, STANLEY R 5801 ALBANY GROVE WESTERVILLE, OH 43081</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/S GREGORY HARMER 100 PARK AVENUE, NEW YORK, NY 10017</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS KLEIN, JACK M 1082 NW 21ST ST. BOYNTON BEACH, FL 33436</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SWEDBERG, JEFF 435 FORD- 800 INTERCHANGE WEST MINNEAPOLIS, MN 55426</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MARK LEVY 100 PARK AVENUE, NEW YORK, NY 10017</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HAMMETT, TERRY 3000 CORPORATE EXCHANGE DRIVE COLUMBUS, OH 43231</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><i>8/16/05</i></span> <span><i>646-274-3017</i></span> </div> <small>Date                      Daytime Phone #</small>		

**50063651**



ATTACHMENT

50063657  
#F96000001514

August 19, 2005

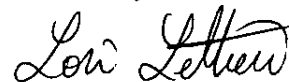
Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madame,

Please find enclosed the Florida Annual Report for Allied Interstate, Inc. (EIN 41-0919488), along with a check in the amount of \$550.

Should you have any questions, please do not hesitate to call me at 646-375-6140.

Sincerely,



Lori Lettieri  
Senior Tax Analyst