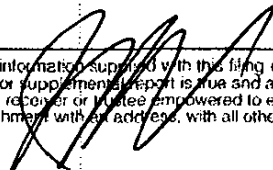


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90019 020 ***150.00

DOCUMENT # F97000000820 1. Entity Name INMARK, INC.					
Principal Place of Business 7300 HUDSON BLVD STE. 265 OAKDALE, MN 55128 US			Mailing Address 135 N CHURCH ST STE 4 KALAMAZOO, MI 49007 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 107 W Michigan Ave 4th Fl			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Kalamazoo MI		4. FEI Number 41-1807097	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 49007		Country		6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDS GRAY, WILLIE 7300 HUDSON BLVD, SUITE 265 OAKDALE, MN 55128	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVCF HOLMQUIST, JIM 7300 HUDSON BLVD, SUITE 265 OAKDALE, MN 55128	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
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 incorporator 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: 			Jim Holmquist		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

651-649-3575