

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90006 013 ***550.00

44046588



03272003 Chg-P CR2E034 (10/03)

4. FEI Number 56-1949066 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 \$550.00
Due by September 8, 2004.

9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SERRI, VICTOR	
STREET ADDRESS	7676 HILLMONT, STE 300	
CITY-ST-ZIP	HOUSTON, TX 77040	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	PARRELL, JEFFRY	
STREET ADDRESS	7803 GLENROY RD, STE 200	
CITY-ST-ZIP	BLOOMINGTON, MN 55439	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	TIES, MARK	
STREET ADDRESS	7803 GLENROY RD, STE 200	
CITY-ST-ZIP	BLOOMINGTON, MN 55439	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FREDENBERG, WESLEY	
STREET ADDRESS	7803 GLENROY RD, STE 200	
CITY-ST-ZIP	BLOOMINGTON, MN 55439	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	LINDVALL, JIM	
STREET ADDRESS	7803 GLENROY RD, STE 200	
CITY-ST-ZIP	BLOOMINGTON, MN 55439	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASIK, VINCENT	
STREET ADDRESS	7803 GLENROY RD, STE 200	
CITY-ST-ZIP	BLOOMINGTON, MN 55439	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRICKSON, JEFFREY	
STREET ADDRESS	7803 GLENROY RD, STE 200	
CITY-ST-ZIP	BLOOMINGTON, MN 55439	
TITLE	CFO, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, ROBERT	
STREET ADDRESS	7803 GLENROY RD, STE 200	
CITY-ST-ZIP	BLOOMINGTON, MN 55439	
TITLE	FREDENBURG, WESLEY	<input checked="" 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 exemption stated in Section 119.07(3)(l), 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: Jim Lindvall 6/10/04 612/492-2422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #