

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 17, 1999 8:00 am**  
**Secretary of State**

09-17-1999 90001 005 \*\*\*550.00

DOCUMENT # **F97000002876**

1. Corporation Name

**AD MANAGEMENT CORPORATION**

Principal Place of Business

%NORMANDALE PROPERTIES, L.L.C.  
11 SOUTH PHILLIPS, STE. 102  
SIOUX FALLS SD 57102

Mailing Address

%NORMANDALE PROPERTIES, L.L.C.  
11 SOUTH PHILLIPS, STE. 102  
SIOUX FALLS SD 57102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/19/1997**

4. FEI Number

**46-0445049**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21 101 SOUTH PHILLIPS**

2a. Mailing Address

**26 101 SOUTH PHILLIPS**

Suite, Apt. #, etc.

**22 SUITE 102**

Suite, Apt. #, etc.

**27 SUITE 102**

City & State

**23 SIOUX FALLS, SD**

City & State

**28 SIOUX FALLS, SD**

Zip

**24 57104**

Country

Zip

**29 57104**

Country

**30**

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME AGEE, JOHN H  
STREET ADDRESS 601 SECOND AVENUE SOUTH, STE 4950  
CITY-ST-ZIP MINNEAPOLIS MN

TITLE VTD ☐ DELETE

NAME RAUENHORST, MARK  
STREET ADDRESS 9900 BREN ROAD EAST, STE 700  
CITY-ST-ZIP MINNETONKA MN

TITLE D ☐ DELETE

NAME RAUENHORST, HENRIETTA  
STREET ADDRESS 1300-3RD STREETS., STE 300  
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME RAUENHORST, GERALD  
STREET ADDRESS 1300-3RD STREETS., STE 300  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

10350 Bren Road West

1.4 CITY-ST-ZIP

Minnetonka, MN 55343-9002

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

10350 Bren Road West

2.4 CITY-ST-ZIP

Minnetonka, MN 55343-9002

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

0129921

CR2E034 (5/99)