2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F98000000513

1. Entity Name
THE NORTHLAND GROUP, INC.

Principal Place of Business	Mailing Address
7831 GLENROY RD., #350 EDINA, MN 55439	7831 GLENROY RD., #350 EDINA, MN 55439

DO NOT WRITE IN THIS SPACE

01122005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
41-1420282	Not Applicable

5. Certificate of Status Desired   ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2005 Fee will be $550.00

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

Ü00000188646
01/24/05-80061-020 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PVS		
NAME	BLACK, LANCE T		
STREET ADDRESS	6378 COUNTRY RD		
CITY-ST-ZIP	EDEN PRAIRIE, MN 55346		
TITLE	T		
NAME	JOHNSON, JOHN M		
STREET ADDRESS	9130 195TH ST E		
CITY-ST-ZIP	PRIOR LAKE, MN 55372		
TITLE	VP		
NAME	SWENSON, JODI		
STREET ADDRESS	2727 VIOLA CT.		
CITY-ST-ZIP	SHAKOPEE, MN 55379		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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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.

SIGNATURE: _____   1/14/05   952-831-4005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #