

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001304

FILED
Apr 26, 2004
Secretary of State

Entity Name: CBR INCORPORATED OF MINNESOTA

Current Principal Place of Business:

ORLANDO INTNL AIRPORT
9337 AIRPORT BLVD
ORLANDO, FL 32827 US

New Principal Place of Business:

Current Mailing Address:

2040 ST. CLAIR AVE.
ST. PAUL, MN 55105

New Mailing Address:

FEI Number: 41-1241131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RIBBECK, DOUGLAS
Address: 2255 SARGENT AVE.
City-St-Zip: ST. PAUL, MN 55105

Title: D () Delete
Name: PALAS, SHARON
Address: 21965 IDEN AVE. N.
City-St-Zip: FOREST LAKE, MN 55025

Title: P () Delete
Name: HOWE, CAROLE
Address: 2255 SARGENT AVE.
City-St-Zip: ST. PAUL, MN 55105

Title: COO () Delete
Name: STELTEN, JAMES
Address: 14975 MAPLEWOOD LANE
City-St-Zip: COLOGNE, MN 55322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE HOWE

P

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date