## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000001304

STELTEN, JAMES

14975 MAPLEWOOD LANE

COLOGNE, MN 55322

Name:

Address:

City-St-Zip:

Entity Name: CBR INCORPORATED OF MINNESOTA

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
ORLANDO INTNL AIRPORT 9337 AIRPORT BLVD ORLANDO, FL 32827 US			7630 EXCELSIOR B MINNEAPOLIS, MN		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2040 ST. CLAIR AVE. ST. PAUL, MN 55105				7630 EXCELSIOR BLVD MINNEAPOLIS, MN 55426	
FEI Number	: 41-1241131 FE	Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1200 SOU PLANTAT The above		OAD JS	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI					
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing Trus	t Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( ) Delet RIBBECK, DOUGLAS 2255 SARGENT AVE. ST. PAUL, MN 55105		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () Delet PALAS, SHARON 21965 IDEN AVE. N. FOREST LAKE, MN		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( ) Delet HOWE, CAROLE 2255 SARGENT AVE. ST. PAUL, MN 55105		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	COO () Delet	e	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CAROLE HOWE PRES 04/29/2005