

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004176

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** PRIMARY SOURCE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

121 EAST PARK SQUARE  
OWATONNA, MN 55060

**New Principal Place of Business:**

**Current Mailing Address:**

121 EAST PARK SQUARE  
OWATONNA, MN 55060

**New Mailing Address:**

**FEI Number:** 41-6041104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAMIREZ, DANIEL T  
4301 ANCHOR PLAZA PKWY., STE. 350  
TAMPA, FL 33634 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

**OFFICERS AND DIRECTORS:**

Title: DV  
Name: FETTERS, JEFFREY  
Address: 1185 RIDGE ROAD NE  
City-St-Zip: OWATONNA, MN 55060

Title: CP  
Name: ANNEXSTAD, AL  
Address: 5325 ELMRIDGE CIRCLE  
City-St-Zip: EXCELSIOR, MN 55331

Title: SVD  
Name: LEWIS, DANIEL A  
Address: 11067 BRANCHING HORN  
City-St-Zip: EDEN PRAIRIE, MN 55347

Title: TV  
Name: KELLER, MICHAEL N  
Address: 1745 DENMARK PLACE NE  
City-St-Zip: OWATONNA, MN 55060

Title: V  
Name: RAMSEY, DAVID W  
Address: 550 CRESTVIEW LANE  
City-St-Zip: OWATONNA, MN 55060

Title: DV  
Name: HANSON, JONATHAN R  
Address: 206 NORTHRIDGE PLACE NE  
City-St-Zip: OWATONNA, MN 55060

I hereby 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 all other like empowered.

SIGNATURE: DAVID W RAMSEY

V

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

JAN. 13. 2011 2:11PM

FEDERATED ACCTG

NO. 810 P. 2

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1-13-11

**Primary Source Insurance Agency, Inc.**

**121 East Park Square**

**Owatonna, MN 55060**

Telephone 507444-6800

Federal ID Number 41-6041104

**Additional Officers for**

**Document Number**

**F98000004176**

**Officers:**

<u>Position</u>	<u>Name</u>	<u>No. &amp; Street</u>	<u>City, State and Zip</u>
Vice-President	Gregory J. Stroik	918 St. Andrews Place	Owatonna, MN 55060
Vice-President	Mark D Scharmer	17683 Kingswood Circle	Lakeville, MN 55044

**Board of Directors:**

<u>Position</u>	<u>Name</u>	<u>No. &amp; Street</u>	<u>City, State and Zip</u>
Director	Gregory J. Stroik	918 St. Andrews Place	Owatonna, MN 55060
Director	Mark D Scharmer	17683 Kingswood Circle	Lakeville, MN 55044

**Business Address** for all of the  
above directors/officers is:  
121 East Park Square  
Owatonna MN 55060