

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004942

FILED
Apr 22, 2005
Secretary of State

Entity Name: GUARANTY BROKERAGE SERVICES, INC.

Current Principal Place of Business:

400 1ST STREET SOUTH STE 300
ST. CLOUD, MN 56301

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVENUE SOUTH
ROUTE 1261
MINNEAPOLIS, MN 55401

New Mailing Address:

20 WASHINGTON AVENUE SOUTH
ROUTE 1228
MINNEAPOLIS, MN 55401

FEI Number: 68-0165121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: PCEO () Delete
Name: CICCATTI, RANDALL
Address: 400 1ST STREET SOUTH STE 300
City-St-Zip: ST. CLOUD, MN 56301

Title: VD () Delete
Name: MAAS, KEVIN P
Address: 400 1ST STREET SOUTH STE 300
City-St-Zip: ST. CLOUD, MN 56301

Title: VP () Delete
Name: RUMMEL-MCCOOL, LEANN
Address: 400 1ST STREET SOUTH STE 300
City-St-Zip: ST. CLOUD, MN 56301

Title: SVD () Delete
Name: WILLIAMS, CLINTON
Address: 400 1ST STREET SOUTH STE 300
City-St-Zip: ST. CLOUD, MN 56301

Title: S () Delete
Name: CLUDRAY-ENGELKE, PAULA
Address: 20 WASHINGTON AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: VP () Delete
Name: MILLER, E. BRUCE
Address: 7325 BEAUFONT SPRINGS DRIVE
City-St-Zip: RICHMOND, VA 23225

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
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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: PAULA CLUDRAY-ENGELKE

S

04/22/2005

Electronic Signature of Signing Officer or Director

Date