

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90014 004 ***150.00

DOCUMENT # F98000006338

1. Entity Name
MARTIN GROUP, INC. OF SOUTH DAKOTA



Principal Place of Business

1515 NORTH SANBORN BLVD.
MITCHELL, SD 57301-1021

Mailing Address

1515 NORTH SANBORN BLVD.
MITCHELL, SD 57301-1021

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
46-0350212

Applied For
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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	ODOM, JIM C
STREET ADDRESS	1515 NORTH SANBORN BLVD.
CITY-ST-ZIP	MITCHELL, SD 573011021
TITLE	VP
NAME	RASMUSSEN, PETER C
STREET ADDRESS	1515 NORTH SANBORN BLVD.
CITY-ST-ZIP	MITCHELL, SD 573011021
TITLE	D
NAME	MOHAN, KEVIN P
STREET ADDRESS	222 Berkeley Street 18th Floor
CITY-ST-ZIP	800 ATLANTIC AVENUE, SUITE 2800 BOSTON, MA 02110 02216
TITLE	D
NAME	SCHICIANO, KENNETH T
STREET ADDRESS	125 HIGH STREET, SUITE 2500
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wayne A Crosby

1/16/06

(605) 996-9646