

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006909

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: FAGEN, INC. OF MINNESOTA

## Current Principal Place of Business:

501 W. HWY. 212  
GRANITE FALLS, MN 56241

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 159  
GRANITE FALLS, MN 56241

## New Mailing Address:

FEI Number: 41-1604605

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: PCEO ( ) Delete  
Name: FAGEN, ROLAND  
Address: 501 W. HWY. 212  
City-St-Zip: GRANITE FALLS, MN 56241

Title: COO ( ) Delete  
Name: FAGEN, AARON J  
Address: 501 WEST HWY 212  
City-St-Zip: GRANITE FALLS, MN 56241

Title: CFOD ( ) Delete  
Name: JOHNSON, JENNIFER A  
Address: 501 W. HWY. 212  
City-St-Zip: GRANITE FALLS, MN 56241

Title: STD ( ) Delete  
Name: FAGEN, DIANE K  
Address: 140 SKYLINE DR.  
City-St-Zip: GRANITE FALLS, MN 56241

Title: SVCD ( ) Delete  
Name: WILLMAN, MILTON R  
Address: 501 WEST HWY 212  
City-St-Zip: GRANITE FALLS, MN 56241

## 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:

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 Chapter 119, 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: JENNIFER A. JOHNSON

CFO

01/10/2006

Electronic Signature of Signing Officer or Director

Date