

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000209

FILED
Feb 05, 2009
Secretary of State

Entity Name: POLARIS SALES & SERVICE INC.

Current Principal Place of Business:

2100 HIGHWAY 55
MEDINA, MN 55340

New Principal Place of Business:

Current Mailing Address:

2100 HIGHWAY 55
MEDINA, MN 55340

New Mailing Address:

FEI Number: 41-1921490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DCEO () Delete
Name: TILLER, THOMAS C
Address: 2100 HWY 55
City-St-Zip: MEDINA, MN 55340

Title: DCFO () Delete
Name: MALONE, MICHAEL W
Address: 2100 HWY 55
City-St-Zip: MEDINA, MN 55340

Title: DP () Delete
Name: MORGAN, BENNETT J
Address: 2100 HWY 55
City-St-Zip: MEDINA, MN 55340

Title: V () Delete
Name: MCCONNELL, MARY P
Address: 2100 HWY 55
City-St-Zip: MEDINA, MN 55340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: WINE, SCOTT W
Address: 2100 HWY 55
City-St-Zip: MEDINA, MN 55340

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 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: MICHAEL W. MALONE

CFO

02/05/2009

Electronic Signature of Signing Officer or Director

Date