2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003
Secretary of State

DOCUMENT# F99000000209

Entity Name: POLARIS SALES & SERVICE INC.

Current Principal Place of Business:

2100 HWY 55 W
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

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: DPCF ( ) Delete
Name: TILLER, THOMAS C
Address: 2100 HWY 55 W
City-St-Zip: MEDINA, MN 55340

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

Title: VP ( ) Delete
Name: RUSCHHAUPT, THOMAS H
Address: 2100 HWY 55 W
City-St-Zip: MEDINA, MN 55340

Title: DV (X) Delete
Name: RUSCHHAUPT, THOMAS H
Address: 2100 HWY 55 W
City-St-Zip: MEDINA, MN 55340

Title: D (X) Delete
Name: TILLER, THOMAS C
Address: 2100 HWY 55 W
City-St-Zip: MEDINA, MN 55340

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: SOBASKI, KENNETH J
Address: 2100 HWY 55 W
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 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: MICHAEL W. MALONE DVP 01/10/2003

Electronic Signature of Signing Officer or Director — Date