## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 18, 2005 8:00 am Secretary of State DOCUMENT # F99000001528 01-18-2005 90108 038 \*\*\*150.00 METRIS DIRECT, INC. Principal Place of Business Mailing Address 10900 WAYZATA BLVD. 10900 WAYZATA BLVD. 50003113 MINNETONKA, MN 55305 MINNETONKA, MN 55305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 41-1111974 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CCEO ☐ Delete ☐ Change ☐ Addition TITLE TITLE WESSELINK, DAVID D NAME NAME 10900 WAYZATA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MINNETONKA, MN 55305 CITY-ST-7IP **FVS** ☐ Delete ☐ Change ☐ Addition TITLE TITLE EVANS, RICHARD G NAME NAME STREET ADDRESS 10900 WAYZATA BI VD STREET ADDRESS CITY-ST-ZIP MINNETONKA, MN 55305 CITY-ST-ZIP EVPLEFO TITLE **EXCP** Delete TITLE \_\_ Change \_\_ Addition William A. Houlihan 10900 Wayzata Blud NAME WITHAM, JOHN A NAME STREET ADDRESS STREET ADDRESS 10900 WAYZATA BLVD. CITY-ST-ZIP MINNETONKA, MN 55305 CITY-ST-ZIP Minneton Ka, MN 55305 ☐ Delete ☐ Change ☐ Addition TITLE TITLE FJELLMAN, SCOTT R NAME NAME STREET ADDRESS STREET ADDRESS 10900 WAYZATA BLVD. MINNETONKA, MN 55305 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE **EVPC** Delete TITLE WITNAM, JOHN A NAME NAME STREET ADDRESS 10900 WAYZATA BLVD STREET ADDRESS MINNETONKA, MN 55305 CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Secretary Date

**FILED**