2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# F99000006465

Entity Name: NORTH AMERICAN FINANCIAL CORPORATION

Current Principal Place of Business:

1405 XENIUM LANE, MAIL STOP 8249
PLYMOUTH, MN 55441

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DEPARTMENT
PO BOX 59159
MINNEAPOLIS, MN 554598250

New Mailing Address:

FEI Number: 41-1367179 **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 323012525 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: SVP ( ) Delete
Name: HERREID, MARK
Address: 1405 XENIUM LANE
City-St-Zip: PLYMOUTH, MN 55441

Title: CFO ( ) Delete
Name: HERREID, MARK
Address: 1405 XENIUM LANE
City-St-Zip: PLYMOUTH, MN 55441

Title: VPT ( ) Delete
Name: HAMANN, DARREL M
Address: 1405 XENIUM LANE
City-St-Zip: PLYMOUTH, MN 55441

Title: S ( ) Delete
Name: BEHA, RALPH W
Address: 1405 XENIUM LANE
City-St-Zip: PLYMOUTH, MN 55441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVP (X) Change ( ) Addition
Name: HERREID, MARK
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: CFO (X) Change ( ) Addition
Name: HERREID, MARK
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: VPT (X) Change ( ) Addition
Name: HAMANN, DARREL M
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: S (X) Change ( ) Addition
Name: BEHA, RALPH W
Address: 1405 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

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: DARREL M. HAMANN VPT 04/21/2004

Electronic Signature of Signing Officer or Director — Date