

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000006753

Entity Name: CDI MANAGEMENT CORP.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

5775 WAYZATA BOULEVARD  
SUITE 400  
ST LOUIS PARK, MN 55416

## **New Principal Place of Business:**

## **Current Mailing Address:**

5775 WAYZATA BOULEVARD  
SUITE 400  
ST LOUIS PARK, MN 55416

## **New Mailing Address:**

FEI Number: 41-1494850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

JACOBSEN, DON  
1285 ORANGE AVE STE 200  
WINTER PARK, FL 32789 US

## **Name and Address of New Registered Agent:**

BAKKER, PAT  
1285 ORANGE AVE STE 200  
WINTER PARK, FL 32789 US

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: PAT BAKKER

04/28/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: MGR  
Name: TOMLINSON, TOM COO  
Address: 5775 WAYZATA BOULEVARD SUITE 400  
City-St-Zip: ST LOUIS PARK, MN 55416

Title: MGR  
Name: HEITHOFF, KENNETH B M.D.  
Address: 5775 WAYZATA BOULEVARD SUITE 400  
City-St-Zip: ST LOUIS PARK, MN 55416

Title: MGR  
Name: BAUMGERTNER, ROBERT CEO  
Address: 5775 WAYZATO BLVD SUITE 400  
City-St-Zip: ST LOUIS PARK, MN 55416

I hereby 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 all other like empowered.

SIGNATURE: PAT BAKKER

VP

04/28/2011

Electronic Signature of Signing Officer or Director

Date