

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010974

FILED
Jan 21, 2009
Secretary of State

Entity Name: CLASSICAL SOUTH FLORIDA INC

Current Principal Place of Business:

ONE SE THIRD AVE., STE. 2800
MIAMI, FL 331311714

New Principal Place of Business:

330 SW SECOND STREET
SUITE 207
FORT LAUDERDALE, FL 333121712

Current Mailing Address:

BOX 520655
MIAMI, FL 33152

New Mailing Address:

330 SW SECOND STREET
SUITE 207
FORT LAUDERDALE, FL 333121712

FEI Number: 26-1417978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAATTAMA, HENRY H. JR.
ONE SE THIRD AVE., STE. 2800
MIAMI, FL 331311714 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

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: KLING, WILLIAM H
Address: 480 CEDAR STREET
City-St-Zip: SAINT PAUL, MN 55101

Title: SCEO () Delete
Name: KIGIN, THOMAS J
Address: 480 CEDAR STREET
City-St-Zip: SAINT PAUL, MN 55101

Title: VCPO () Delete
Name: MCTAGGART, JON R
Address: 480 CEDAR STREET
City-St-Zip: SAINT PAUL, MN 55101

Title: CFO () Delete
Name: ALFUTH, MARK E
Address: 480 CEDAR STREET
City-St-Zip: SAINT PAUL, MN 55101

Title: VP () Delete
Name: LUTMAN, SARAH
Address: 480 CEDAR STREET
City-St-Zip: SAINT PAUL, MN 55101

Title: VP () Delete
Name: OBER, GAYLE M
Address: 480 CEDAR STREET
City-St-Zip: SAINT PAUL, MN 55101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: GM (X) Change () Addition
Name: EVANS, DOUGLAS
Address: 330 SW SECOND STREET, SUITE 207
City-St-Zip: FORT LAUDERDALE, FL 333121712

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J KIGIN

SCEO

01/21/2009

Electronic Signature of Signing Officer or Director

Date