

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005818

FILED
Jan 23, 2008
Secretary of State

Entity Name: BETTER WAY FOUNDATION, INC.

Current Principal Place of Business:

401 E. 8TH ST.
SUITE 250A
SIOUX FALLS, SD 57103 US

New Principal Place of Business:

Current Mailing Address:

401 E. 8TH ST.
SUITE 250A
SIOUX FALLS, SD 57103 US

New Mailing Address:

C/O ADLER MGMT, LLC 10350 BREN RD W
MINNETONKA, MN 55343 US

FEI Number: 41-1795984

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 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: D () Delete
Name: MAHONEY, J R
Address: 6016 BLUE CIRCLE DRIVE
City-St-Zip: MINNETONKA, MN 55343

Title: PD () Delete
Name: GOLDMAN, A R
Address: 10350 BREN RD. W
City-St-Zip: MINNETONKA, MN 55343

Title: T () Delete
Name: RAUENHORST, MATTHEW
Address: 10350 BREN RD. W
City-St-Zip: MINNETONKA, MN 55343

Title: VP () Delete
Name: CAMPA, LUZ
Address: 10350 BREN ROAD WEST
City-St-Zip: MINNETONKA, MN 55343

Title: D () Delete
Name: MYERS, LOUISE
Address: 10350 BREN ROAD WEST
City-St-Zip: MINNETONKA, MN 55343

Title: D () Delete
Name: RAUENHORST, MARGARET
Address: 10350 BREN ROAD WEST
City-St-Zip: MINNETONKA, MN 55343

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: () 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 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: LUZ CAMPA

VP

01/23/2008

Electronic Signature of Signing Officer or Director

Date