2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00805

Entity Name: GREATCLIPS, INC

FILED Mar 30, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
	ICE AVE SO			
#425 MINNEAPC	DLIS, MN 5543	55868		
Current Mailing Address:			New Mailir	ng Address:
7700 EDAN	ICE AVE SO			
#425		EE000		
MINNEAPOLIS, MN 554355868				
FEI Number:	41-1430345	FEI Number Applied For () FEI Nu	mber Not Appli	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
NRAI SER\ 2731 EXEC WESTON,	UTIVÊ PARK I	DR, SUITE 4 JS		
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 Cam	paign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PCOD () OLSEN, RHOND 2422 QUAIL CRI BLAINE, MN 55	EEK PKW	Title: Name: Address: City-St-Zip:	PCOD (X) Change () Addition OLSEN, RHONDA C 7700 FRANCE AVE SO STE 425 MINNEAPOLIS, MN 55435
Title: Name: Address: City-St-Zip:	D () YASTROW, SHE KROC DR OAKBROOK, IL		Title: Name: Address: City-St-Zip:	D (X) Change () Addition YASTROW, SHELBY 40049 NORTH 106TH PLACE SCOTTSDALE, AZ 85262
Title: Name: Address: City-St-Zip:	CEOD () BARTON, RAY 5915 CHRISTMA EXCELSIOR, MI		Title: Name: Address: City-St-Zip:	CEOD (X) Change () Addition BARTON, RAYMOND 7700 FRANCE AVE SO STE 425 MINNEAPOLIS, MN 55435
Title: Name: Address: City-St-Zip:	S () TRENDA, SANDI 8301 W 109TH S BLOOMINGTON	STREET	Title: Name: Address: City-St-Zip:	S (X) Change () Addition TRENDA, SANDRA A 7700 FRANCE AVE SO STE 425 MINNEAPOLIS, MN 55435
Title: Name: Address: City-St-Zip:	VP () SIMPSON, CHAR 2695 KELLY AV EXCELSIOR, MR	E	Title: Name: Address: City-St-Zip:	TREA (X) Change () Addition OVERHOLSER, STEVEN 7700 FRANCE AVE SO STE 425 MINNEAPOLIS, MN 55435
Title: Name: Address:	SRVP () WIEBER, DEAN 6357 OXBOW B		Title: Name: Address:	SRVP (X) Change () Addition WIEBER, DEAN A 7700 FRANCE AVE SO STE 425

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

City-St-Zip:

SIGNATURE: SANDRA A. TRENDA S 03/30/2009

CHANHASSEN, MN 55317

City-St-Zip:

MINNEAPOLIS, MN 55435