

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00805

FILED
Jan 13, 2010
Secretary of State

Entity Name: GREATCLIPS, INC.

Current Principal Place of Business:

7700 FRANCE AVE SO
#425
MINNEAPOLIS, MN 554355868

New Principal Place of Business:

Current Mailing Address:

7700 FRANCE AVE SO
#425
MINNEAPOLIS, MN 554355868

New Mailing Address:

FEI Number: 41-1430345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR, SUITE 4
WESTON, FL 33331 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: PCOD
Name: OLSEN, RHODA C
Address: 7700 FRANCE AVE SO STE 425
City-St-Zip: MINNEAPOLIS, MN 55435

Title: D
Name: YASTROW, SHELBY
Address: 40049 NORTH 106TH PLACE
City-St-Zip: SCOTTSDALE, AZ 85262

Title: CEO
Name: BARTON, RAYMOND
Address: 7700 FRANCE AVE SO STE 425
City-St-Zip: MINNEAPOLIS, MN 55435

Title: S
Name: TREND, SANDRA A
Address: 7700 FRANCE AVE SO STE 425
City-St-Zip: MINNEAPOLIS, MN 55435

Title: TREA
Name: OVERHOLSER, STEVEN
Address: 7700 FRANCE AVE SO STE 425
City-St-Zip: MINNEAPOLIS, MN 55435

Title: SRVP
Name: WIEBER, DEAN A
Address: 7700 FRANCE AVE SO STE 425
City-St-Zip: MINNEAPOLIS, MN 55435

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: SANDRA A TREND

S

01/13/2010

Electronic Signature of Signing Officer or Director

_____ Date