

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01086**

1. Entity Name  
**LIFETOUCH PORTRAIT STUDIOS INC.**



Principal Place of Business  
**11000 VIKING DR  
SUITE 200  
EDEN PRAIRIE, MN 55344 US**

Mailing Address  
**11000 VIKING DR  
SUITE 200  
EDEN PRAIRIE, MN 55344 US**



03092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-0841239**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COP  
HARMEL, PAUL O  
11000 VIKING DR SUITE 200  
EDEN PRAIRIE, MN 55344**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSEG  
HASSEL, RICHARD A  
11000 VIKING DR SUITE 200  
EDEN PRAIRIE, MN 55344**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COO  
PARKER, JOHN  
11000 VIKING DR., SUITE 200  
EDEN PRAIRIE, MN 55344**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPF  
KARAS, KEVIN  
11000 OHING DRIVE  
EDEN PRAIRIE, MN 55344**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPF  
BORNHOLTZ, KEVIN  
11000 VIKING DR, SUITE 200  
EDEN PRAIRIE, MN 55344**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000671586  
03/28/07-80035-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/07**

Date

**952-826-5000**

Daytime Phone #