2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

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DOCUMENT # P04000024188 1. Entity Name PLYMOUTH DISTRIBUTION CENTER, INC.										_	, 31 036 ***1	
Principal Place of Business 2915 NIAGARA LANE PLYMOUTH, MN 55447				Mailing Address 2915 NIAGARA LANE PLYMOUTH, MN 55447								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04222005	Chg-P	CF	R2E034 (10/03)
City & State				City & State				4. FEI Numbe		0462) /	Applied For Not Applicable
Zip	Country			Zip	Coun	Country		5. Certificate			\$8.75 A	
6. Name and Address of Current Registered Agent								7. Name and	Address of	New Registe	ered Agent	
BROWN, PETER 609 ISLAND DRIVE PALM BEACH, FL 33480						Name Street Address (P.O. Box Number is Not Acceptable)						
											FL Zip Co	de
8. The above the obligation			nt for the p	purpose of changing its	register	ed office or	register	ed agent, or bo	th, in the Stat			n, and accept
SIGNATURE_	<u>.</u>	or printed name of registered a	agent and title	if applicable. (NOT)	- Registere	d Agent signati	an recuired	when reinstating)			IATE	
			•	(101)		o regard segment		· · · · · · · · · · · · · · · · · · ·				
		FEE IS \$150.00 5 Fee will be \$55	50.00	9. Election Campa Trust Fund Cont		ncing 🗆		.00 May Be ed to Fees				
10.		OFFICERS A	ND DIRE		11,				CHANGES T	O OFFICERS	AND DIRECTO	
TITLE		☐ Delete					D/	n Schaf	سر م		☐ Change	Addition
NAME STREET ADDRESS					NAM STRE	ET ADORESS	355	7 Fairu	ay ca	irt		
CITY-ST-ZIP						-\$T-ZIP	Min	7 Fairu netonko	MN	55343		
TITLE	☐ Delete TITL						DI	V/T/5			☐ Change	Addition
NAME '	NAI OFF											
STREET ADDRESS CITY-ST-ZIP						ET ADORESS -ST-ZIP	Pai	m Beac	h FL	33480		10-
TITLE				☐ Delete	TITLE		D	<i>T</i> √			☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP	Ba	onard 1 17 N. Oct ca Rato	ean G	3213	1	
TITLE				☐ Delete	TITL	E	σ	<i>)</i> ∨	·		Change	Addition
NAME					NAM		DA	niel R	NEN	_		
STREET ADDRESS CITY-ST-ZIP	!					ET ADORESS -ST-ZIP	En	Durigh	NIC	e 7431		
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NAME					NAM	ŧE						
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CITY-ST-ZIP				∏ Delete	TITL	-ST-ZIP	<u> </u>				[7] Chanca	Addition
TITLE NAME				☐ Delete	NAM						Change	Addition
						EET ADORESS	1					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF LIGHT OF FICER OR DIRECTOR

lan Schaffee

Alaups

(FG) 559. 8300