## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06942

Address: City-St-Zip:

Entity Name: WESTERN PETROLEUM COMPANY

FILED Jan 03, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9531 WEST 78TH STREET 9531 WEST 78TH STREET EDEN PRAIRIE, MN 55344 SUITE 102 EDEN PRAIRIE, MN 55344 **Current Mailing Address: New Mailing Address:** 9531 WEST 78TH STREET 9531 WEST 78TH STREET EDEN PRAIRIE, MN 55344 SUITE 102 EDEN PRAIRIE, MN 55344 FEI Number: 41-0947963 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete () Change () Addition Name: FLYNN, WILLIAM E Name: 4200 IDS CENTER, 80 SOUTH EIGHTH STREET Address: Address: City-St-Zip: MINNEAPOLIS, MN 55402 US City-St-Zip: **PRES** Title: Title: () Delete () Change () Addition Name: NEVILLE, RICHARD S Name: 11742 MT CURVE RD Address: Address: EDEN PRAIRIE, MN 55347 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: CFO () Change () Addition HAYS, CHRISTINE R Name: Name: 723 LAURA CT Address: Address: City-St-Zip: CHASKA, MN 55318 City-St-Zip: Title: **VPS** ( ) Delete Title: (X) Change ( ) Addition LARSON, ARVID R LARSON, ARVID R Name: Name: Address: 5614 HYLAND COURT DR. Address: 5614 HYLAND COURT DR. City-St-Zip: MINNEAPOLIS, MN 55437 City-St-Zip: MINNEAPOLIS, MN 55437 Title: Title: ( ) Change (X) Addition () Delete EMISON, WILLIAM A Name: Name: Address: 945 FOX BERRY FARMS ROAD

I hereby certify that the information supplied with this filing does not qualify for the 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:

HAMEL, MN 55340

SIGNATURE: CHRISTINE R. HAYS CFO 01/03/2007