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CLERK OF STATE
DIVISION OF CORPORATIONS

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IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name	CT corporation System	
Street Address (P.O. Box Number is Not Acceptable)	1200 S. Pine Island Road	
City	FL	Zip Code 33324

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

<p>January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10.		OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President / Director David L. Boehnen 11840 Valley View Rd. Eden Prairie, MN 55344	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900016078799 04/15/05--010/5--007 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President / Secretary John P. Breedlove 11840 Valley View Road Eden Prairie, MN 55344	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President James L. Stoffel 11840 Valley View Road Eden Prairie, MN 55344	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President / Director Gregory C. Heying 11840 Valley View Road Eden Prairie, MN 55344	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4/9/03 952-906-6589

CR2E034B (12/02)