

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P17151

1. Entity Name
TRI-STATE DRILLING, INC.



Principal Place of Business
**16940 HWY. 55W
PLYMOUTH, MN 55446**

Mailing Address
**16940 HWY. 55W
PLYMOUTH, MN 55446**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
41-0759924

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RIETHMILLER, H. WAYNE
STREET ADDRESS 317 LITTLE MISS MUFFETT LANE
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE D
NAME MELCHER, JAMES M
STREET ADDRESS 4624 BRUCE AVE.
CITY-ST-ZIP EDINA, MN 55424

TITLE ST
NAME MELCHER, ROBERT R.
STREET ADDRESS 309 DIVISION STREET
CITY-ST-ZIP BUFFALO, MN 55313

TITLE V
NAME EISELE, RANDOLPH R
STREET ADDRESS 11905 3RD AVENUE NORTH
CITY-ST-ZIP PLYMOUTH, MN 55447

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000387630
01/19/06-80046-014 150.00

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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: _____

Robert R. Melcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert, R. Melcher

1-6-06 (763)553-1234

Date

Daytime Phone #