2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P17917

Title:

Name:

Address:

City-St-Zip:

VPD

SHORES, DALE A

() Delete

11010 PRAIRIE LAKES DRIVE

EDEN PRAIRIE, MN 55344

FILED Nov 06, 2008 Secretary of State

Entity Name: PARTNERSHIP FINANCIAL SERVICES, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
11010 PRAIRIE LAKES DRIVE SUITE 150 EDEN PRAIRIE, MN 55344				44 OLD RIDGEBURY ROAD DANBURY,, CT 06810		
Current Mailing Address:				New Mailing Address:		
10 RIVERVIEW DRIVE ATTN: LICENSING DANBURY, CT 06810			ATT	44 OLD RIDGEBURY ROAD ATTN: LICENSING DANBURY, CT 06810		
FEI Number	: 06-1156017	FEI Number Applied For ()	FEI Number N	lot Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOU PLANTATI The above	PORATION SY: TH PINE ISLAI ION, FL 33324 a named entity se of Florida.	ND ROAD US	urpose of cha	nging its regist	ered office or registered agent, or both,	
SIGNATU		AMENTA-GRAY, SPECIAL AS			Data	
l		ic Signature of Registered Age			Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the pri	or notice.		
OFFICERS AND DIRECTORS:			ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MANTHE, JOAN	DALE LAKE BLVD.	Title: Name Addre City-:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P/D () FANELLI, THOM 44 OLD RIDGE DANBURY, CT	BURY ROAD	Title: Name Addre City-S		() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHAUENBER 10 RIVERVIEW DANBURY, CT	DRIVE 06810 Delete	Title:	ess: 44 OLD St-Zip: DANBUF VP	(X) Change () Addition R, MATTHEW RIDGEBURY ROAD RY, CT 06810 (X) Change () Addition	
Name: Address: City-St-Zip:	BAZZINI, FRED 44 OLD RIDGE DANBURY, CT	BURY ROAD	Name Addre City-S	ess: 10 RIVE	I, FRED RVIEW DRIVE RY, CT 06810	

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

Title:

Name:

Address:

City-St-Zip:

VPD

SHORES, DALE A

MINNEAPOLIS, MN 55437

(X) Change () Addition

8400 NORMANDALE LAKE DRIVE, SUITE 470

SIGNATURE: YVONNE MILLER **AUTH** 11/06/2008