2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# P17917

Entity Name: PARTNERSHIP FINANCIAL SERVICES, INC.

Current Principal Place of Business:

3 CAPITAL DRIVE
EDEN PRAIRIE, MN 55344

New Principal Place of Business:

Current Mailing Address:

201 MERRITT 7
ATTN: LICENSING
NORWALK, CT 06851

New Mailing Address:

FEI Number: 06-1156017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P/D
Name: FONTANA, RONALD
Address: 10 RIVERVIEW DRIVE
City-St-Zip: DANBURY, CT 06810

Title: S
Name: MANTHE, JOANNE L
Address: 3 CALPITAL DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: T/D
Name: KALISTA, SERGIUSZ
Address: 3 CAPITAL DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: D/VP
Name: MURPHY, THOMAS
Address: 3 CAPITAL DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: VP
Name: SHORES, DALE A
Address: 3 CAPITAL DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: VP
Name: YVONNE, MILLER
Address: 201 MERRITT 7
City-St-Zip: NORWALK, CT 06851

I hereby 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 all other like empowered.

SIGNATURE: JOANNE MANTHE S 04/25/2012

Electronic Signature of Signing Officer or Director — Date