2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P30454



FILED Apr 03, 2006 8:00 am Secretary of State

1. Entity Nam	e EVICES, CO.					04-03-2006 90367 022 *****130.00						
Principal Place of Business 5995 OPUS PARKWAY, SUITE 500 MINNETONKA, MN 55343		Mailing Address 5995 OPUS PARKWAY, SUITE 500 ATTN: TAX DEPT MINNETONKA, MN 55343			! (## 	ON ANNI ANNI NICON NIVI NI		Eil Albii Bibli Gibl	 			
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01062006	Chg-P	CR2E	034 (11/05)			
City & State		City & State				4. FEI Numb 41-167			No	plied For t Applicable		
Zip	Country	Zip				5. Certificate of Status Desired \$8.75 Addition Fee Required						
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name							
	ORATION SYSTEM TH PINE ISLAND ROAD		- -			Street Address (P.O. Box Number is Not Acceptable)						
	ON, FL 33324											
			City			FL Zip Code						
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 \$5.00 May Be Added to Fees												
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	\		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FINK, RICHARD 5995 OPUS PARKWAY, SUITE 5 MINNETONKA, MN 55343	Delete 00	STRE	ET ADDRESS -ST-ZIP	ZIC S99 MI	HART 75 OP NUST	olka,	ソッチ		Addition 500		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCANTONIO, RICHARD 5995 OPUS PKWY, STE 500 MINNETONKA, MN 55343	☐ Delete		1					☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, DAVID F 5995 OPUS PARKWAY SUITE 50 MINNETONKA, MN 55343	Delets							☐ Change	Addition ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOLT, GLENN L 5995 OPUS PARKWAY, SUITE 5 HOPKINS, MN 55343	☐ Delete		- 1					☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1					☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i		,			☐ Change	☐ Addition		

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.

GLANTLE STOUT 3 · 23 · OLD (952)912 - 573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone # **SIGNATURE:**