

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31554

Entity Name: RITRAMA, INC.

FILED
Jan 19, 2010
Secretary of State

Current Principal Place of Business:

800 KASOTA AVENUE, SOUTHEAST
MINNEAPOLIS, MN 55414

New Principal Place of Business:

Current Mailing Address:

800 KASOTA AVENUE, SOUTHEAST
MINNEAPOLIS, MN 55414

New Mailing Address:

FEI Number: 41-0846790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C
Name: RINK, THOMAS F
Address: 800 KASOTA AVENUE, S.E.
City-St-Zip: MINNEAPOLIS, MN 55414

Title: PD
Name: HANZAL, DARYL K
Address: 800 KASOTA AVENUE, S.E.
City-St-Zip: MINNEAPOLIS, MN 55414

Title: VCFO
Name: SCOTTI, ANTONIO
Address: 800 KASOTA AVE SE
City-St-Zip: MINNEAPOLIS, MN 55414

Title: ST
Name: SCOTTI, ANTONIO
Address: 800 KASOTA AVENUE, S.E.
City-St-Zip: MINNEAPOLIS, MN 55414

Title: D
Name: RINK, RICARDO
Address: 800 KASOTA AVE S.E.
City-St-Zip: MINNEAPOLIS, MN 55414

Title: AS
Name: MARSOLAIS, MISHELLE
Address: 800 KASOTA AVE S.E.
City-St-Zip: MINNEAPOLIS, MN 55414

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: MISHELLE MARSOLAIS

ASST

01/19/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date