

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90105 007 ****61.25

DOCUMENT # P34200

1. Entity Name
INSTITUTE FOR RESEARCH AND EDUCATION INC.



Principal Place of Business
**3800 PARK NICOLLET BLVD
MINNEAPOLIS, MN 55416 US**

Mailing Address
**3800 PARK NICOLLET BLVD
MINNEAPOLIS, MN 55416 US**

20065394



07182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-0961862

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 _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME TERRY, PAUL
STREET ADDRESS 3800 PARK NICOLLET BLVD.
CITY-ST-ZIP MINNEAPOLIS, MN 55416

TITLE VD
NAME OEHLER, BEN
STREET ADDRESS 3800 PARK NICOLLET BLVD.
CITY-ST-ZIP MINNEAPOLIS, MN 55416

TITLE C
NAME WATERMAN, LAURA
STREET ADDRESS 3800 PARK NICOLLET BLVD.
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TITLE TD
NAME HANSEN, A. STUART
STREET ADDRESS 3800 PARK NICOLLET BLVD.
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TITLE SD
NAME MILEY, MARY
STREET ADDRESS 3800 PARK NICOLLET BLVD.
CITY-ST-ZIP MINNEAPOLIS, MN 55416

TITLE EVD
NAME TOSCANO, JAMES V
STREET ADDRESS 3800 PARK NICOLLET BLVD.
CITY-ST-ZIP MINNEAPOLIS, MN 55416

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Curtis P. Svstrom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Curtis P. Svstrom
Controller

Date

7/18/05

Daytime Phone #

952-993-7606



ATTACHMENT

#P34200
20065394

**2004-2005 Park Nicollet Institute
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ATTACHMENT

2004-2005 Park Nicollet Institute Board of Directors and Officers
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2006539V

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