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Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90068 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P37260

1. Corporation Name

DOMINIUM MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

2355 POLARIS LANE  
SUITE 100  
PLYMOUTH MN 55447

2355 POLARIS LANE  
SUITE 100  
PLYMOUTH MN 55447



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1992

4. FEI Number

41-1365689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
REGISTERED OFFICE  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO ☐ DELETE

1.1 TITLE VP ☐ Change ☒ Addition

NAME CLARK, DEAN A

1.2 NAME Lorelei Koester

STREET ADDRESS 2355 POLARIS LANE N., SUITE 100

1.3 STREET ADDRESS 2355 Polaris Lane No., Suite 100

CITY-ST-ZIP PLYMOUTH MN 55447

1.4 CITY-ST-ZIP Plymouth, MN 55447

TITLE TCFO ☐ DELETE

2.1 TITLE VP ☐ Change ☒ Addition

NAME VOGEL, PAUL

2.2 NAME Stuart Zook

STREET ADDRESS 2355 POLARIS LANE N., SUITE 100

2.3 STREET ADDRESS 2355 Polaris Lane No., Suite 100

CITY-ST-ZIP PLYMOUTH MN 55447

2.4 CITY-ST-ZIP Plymouth, MN 55447

TITLE SC ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME KOCH, SUE

3.2 NAME

STREET ADDRESS 2355 POLARIS LANE N., SUITE 100

3.3 STREET ADDRESS

CITY-ST-ZIP PLYMOUTH MN 55447

3.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME BRIERTON, DAVID L

4.2 NAME

STREET ADDRESS 2355 POLARIS LANE N., SUITE 100

4.3 STREET ADDRESS

CITY-ST-ZIP PLYMOUTH MN 55447

4.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME SAFAR, JACK W

5.2 NAME

STREET ADDRESS 2355 POLARIS LANE N., SUITE 100

5.3 STREET ADDRESS

CITY-ST-ZIP PLYMOUTH MN 55447

5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME SOVELL, JERRY

6.2 NAME

STREET ADDRESS 2355 POLARIS LANE N., SUITE 100

6.3 STREET ADDRESS

CITY-ST-ZIP PLYMOUTH MN 55447

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR  
Dean C. Clerk, Pres. 4/12/99 (612) 354-5500

CR2E034 (11/98)