


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90010 022 \*\*\*150.00

<b>DOCUMENT # P40388</b>		
1. Entity Name GOLD KEY LEASE, INC.		

Principal Place of Business <b>THREE CAPITAL DR. EDEN PRAIRIE, MN 55344</b>	Mailing Address <b>P O BOX 44817 EDEN PRAIRIE, MN 55344 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	01272004 Chg-P CR2E034 (10/03)
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City & State	City & State	4. FEI Number <b>36-3840801</b>	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWER, JAMES R THREE CAPITAL DRIVE EDEN PRAIRIE, MN 55344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TROTTLER, BRADLEY J 540 W NORTHWEST HIGHWAY BARRINGTON, IL 60010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jeanne M Horton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 540 W Northwest Highway Barrington IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASSIDY, KATHY 201 HIGH RIDGE RD STAMPFORD, CT 06927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BENKE, DON THREE CAPITAL DR. EDEN PRAIRIE, MN 55068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael Brzozowski <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 540 W Northwest Highway Barrington IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

**SIGNATURE:** Don Benke **DON BENKE** 2-4-04 952-828-2989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #