

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40676

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: PRIMEVEST FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

400 1ST STR SO  
STE 300  
ST CLOUD, MN 56301 US

## New Principal Place of Business:

## Current Mailing Address:

20 WASHINGTON AVE. S.  
RT. 1261  
MINNEAPOLIS, MN 55401 US

## New Mailing Address:

FEI Number: 41-1483314      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH 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: PCEO ( ) Delete  
Name: CICCATTI, RANDALL  
Address: 400 S. FIRST STREET, #300  
City-St-Zip: ST. CLOUD, MN

Title: VP ( ) Delete  
Name: RUMMEL-MCCOOL, LEANN  
Address: 400 FIRST ST SOUTH STE 300  
City-St-Zip: ST. CLOUD, MN

Title: VPAS ( ) Delete  
Name: MAAS, KEVIN  
Address: 400 S. FIRST STREET, #300  
City-St-Zip: ST. CLOUD, MN

Title: D ( ) Delete  
Name: CICCATTI, RANDALL  
Address: 400 1ST ST., #300  
City-St-Zip: SAINT CLOUD, MN 56301

Title: D ( ) Delete  
Name: SIMMERS, JOHN S  
Address: 200 N. SEPULVEDA BLVD  
City-St-Zip: EL SEGUNDO, CA 92108

Title: S ( ) Delete  
Name: CLUDRAY-ENGELKE, PAULA  
Address: 20 WASHINGTON AVE. S.  
City-St-Zip: MINNEAPOLIS, MN 55401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: BROWN, VALERIE  
Address: 3424 PEACHTREE ROAD NE  
City-St-Zip: ATLANTA, GA

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BENNER, JOY  
Address: 20 WASHINGTON AVE. S.  
City-St-Zip: MINNEAPOLIS, MN 55401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOY M. BENNER

S

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date