

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40676

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** PRIMEVEST FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

400 FIRST STREET SOUTH  
STE 300  
ST CLOUD, MN 56301 US

**New Principal Place of Business:**

**Current Mailing Address:**

20 WASHINGTON AVE. S.  
RT. 1226  
MINNEAPOLIS, MN 55401 US

**New Mailing Address:**

400 FIRST STREET SOUTH  
STE 300  
ST CLOUD, MN 56301 US

**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: P/D  
Name: BONNEAU, CATHERINE  
Address: 400 1ST STREET SOUTH, SUITE 300  
City-St-Zip: ST. CLOUD, MN 56301

Title: S  
Name: BURNS, MICHAEL D  
Address: 400 1ST STREET SOUTH, SUITE 300  
City-St-Zip: ST. CLOUD, MN 56301

Title: T  
Name: SHELSON, MARK P  
Address: 400 1ST STREET SOUTH, SUITE 300  
City-St-Zip: ST. CLOUD, MN 56301

Title: AS  
Name: OLSON, GREG A  
Address: 400 1ST STREET SOUTH, SUITE 300  
City-St-Zip: ST. CLOUD, MN 56301

Title: DVP  
Name: MARR, N. MARK  
Address: 200 N. SEPULVEDA BLVD  
City-St-Zip: EL SEGUNDO, CA 92108

Title: VP  
Name: SMILEY, STANLEY R  
Address: 200 N SEPULVEDA BLVD  
City-St-Zip: EL SEGUNDO, CA 90245

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: GREG A OLSON

AS

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date