## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P40676

FILED Mar 22, 2012 Secretary of State

Entity Name: PRIMEVEST FINANCIAL SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

400 FIRST STREET SOUTH STE 300

ST CLOUD, MN 56301 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

**OFFICERS AND DIRECTORS:** 

Title: P/D

Name: BONNEAU, CATHERINE

Address: 400 1ST STREET SOUTH, SUITE 300

City-St-Zip: ST. CLOUD, MN 56301

Title: 9

Name: BURNS, MICHAEL D

Address: 400 1ST STREET SOUTH, SUITE 300

City-St-Zip: ST. CLOUD, MN 56301

Title:

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: D/VP

Name: GRIST, BARNABY
Address: 200 N. SEPULVEDA BLVD
City-St-Zip: EL SEGUNDO, CA 92108

Title: D

 Name:
 BROWN, VALERIE G

 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 03/22/2012