


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P41068**  
 1. Entity Name  
**BEST BUY CO. OF MINNESOTA, INC.**



Principal Place of Business  
**7601 PENN AVE S  
 TAX DEPT  
 MINNEAPOLIS, MN 55423**

Mailing Address  
**P.O. BOX 9312  
 MINNEAPOLIS, MN 55440-9312**



**DO NOT WRITE IN THIS SPACE**

04132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**41-0907483**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331**

**DO NOT WRITE IN THIS SPACE**

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 retesting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHULZE, RICHARD M. 5015 KNOB HILL DRIVE EDINA, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, BRADBURY H. 1874 SUMMIT AVENUE ST. PAUL, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LENZMEIER, ALLEN U. 322 MISSISSIPPI BLVD. ST. PAUL, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAPLAN, ELLIOT S. 2812 SUNSET BLVD. MINNEAPOLIS, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TILTON, G. MICHAEL 7601 PENN AVE. S RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC JACKSON, DARREN R 290 WOODLAWN AVENUE SAINT PAUL, MN 551051237

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 05/03/05-80118-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael Tilton **Michael Tilton** 4/19/05 612/291-1851  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #