

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P41068 1. Entity Name BEST BUY CO. OF MINNESOTA, INC.	 <input checked="" type="checkbox"/>
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Principal Place of Business P.O. BOX 9312 MINNEAPOLIS, MN 55440-9312	Mailing Address P.O. BOX 9312 MINNEAPOLIS, MN 55440-9312
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2. Principal Place of Business <i>7601 Penn Ave. S.</i>	3. Mailing Address <i>Po Box 9312</i>
Suite, Apt. #, etc. <i>Tax Dept</i>	Suite, Apt. #, etc. <i>Tax Dept</i>

City & State <i>Richfield, MN</i>	City & State <i>Minneapolis, MN</i>
Zip <i>55423</i>	Zip <i>55440</i>



CHECK HERE IF MAKING CHANGES

4. FEI Number 41-0907483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

I, the above named entity, submit 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 _____ DATE _____
(NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$160.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULZE, RICHARD M.	NAME	
STREET ADDRESS	5015 KNOB HILL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	EDINA, MN	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, BRADBURY H.	NAME	
STREET ADDRESS	1874 SUMMIT AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL, MN	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENZMEIER, ALLEN U.	NAME	
STREET ADDRESS	322 MISSISSIPPI BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL, MN	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, ELLIOT S.	NAME	
STREET ADDRESS	2812 SUNSET BLVD.	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENN, WADE R	NAME	
STREET ADDRESS	14560 STONE RD	STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA, MN	CITY-ST-ZIP	
TITLE	VPC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DARREN R.	NAME	
STREET ADDRESS	290 WOODLAWN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SAINT PAUL, MN 551051237	CITY-ST-ZIP	

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: Constance Kotula Constance Kotula Asst. Treasurer 4/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)