

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066087

FILED
Apr 29, 2008
Secretary of State

Entity Name: TED GLASRUDE ASSOCIATES OF STUART, FL, INC.

Current Principal Place of Business:

759 SOUTH FEDERAL HWY. STE. 217
ROYAL PALM FINANCIAL CENTER, BLDG. III
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

431 SOUTH 7TH STREET
SUITE 2470
MINNEAPOLIS, MN 55415 US

New Mailing Address:

FEI Number: 65-0806377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASRUDE, THEODORE
759 S. FEDERAL HIGHWAY
SUITE 217
STUART, FL 34994 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: CD () Delete
Name: GLASRUDE, THEODORE
Address: 4013 SE FAIRWAY E
City-St-Zip: STUART, FL 34997 US

Title: P () Delete
Name: GLASRUDE, THEODORE G.
Address: 3634 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997 US

Title: VP () Delete
Name: KUEHN, PAUL
Address: 5928 POND VIEW DRIVE
City-St-Zip: SHOREVIEW, MN 55126 US

Title: ST (X) Delete
Name: POHL, GERRY
Address: 3317 EDWARD ST NE
City-St-Zip: ST. ANTHONY, MN 55418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GLASRUDE, THEODORE G
Address: 3634 SE FAIRWAY E
City-St-Zip: STUART, FL 34997 US

Title: ST (X) Change () Addition
Name: POHL, GERRY J
Address: 3317 EDWARD ST NE
City-St-Zip: ST. ANTHONY, MN 55418 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GERRY POHL

ST

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date