

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000001675

Entity Name: SPARE KEY INC**Current Principal Place of Business:**480 BROADWAY STREET
ST. PAUL, MN 55101**Current Mailing Address:**480 BROADWAY STREET
ST. PAUL, MN 55101 US**FEI Number:** 41-1888767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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**Officer/Director Detail :**

Title	DIRECTOR
Name	FRAZIER, ANGELA
Address	480 BROADWAY STREET
City-State-Zip:	ST. PAUL MN 55101

Title	DIRECTOR
Name	CRANDALL, BRAD
Address	480 BROADWAY STREET
City-State-Zip:	ST. PAUL MN 55101

Title	DIRECTOR
Name	NIHLS, BRIAN
Address	15990 HEATH COURT,
City-State-Zip:	APPLE VALLEY MN 55124

Title	DIRECTOR
Name	GUILDER, CHRIS VAN
Address	480 BROADWAY STREET
City-State-Zip:	ST. PAUL MN 55101

Title	DIRECTOR
Name	BODEN, DAVE
Address	11501 RIVERSTONE TRAIL,
City-State-Zip:	WOODBURY MN 55129

Title	DIRECTOR
Name	PATTEN, DENISE
Address	480 BROADWAY STREET
City-State-Zip:	ST. PAUL MN 55101

Title	DIRECTOR
Name	CUMMINGS, ELLY
Address	480 BROADWAY STREET
City-State-Zip:	ST. PAUL MN 55101

Title	TREASURER
Name	HANSON, ERIC
Address	480 BROADWAY STREET
City-State-Zip:	ST. PAUL MN 55101

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN DVORAK**SECRETARY****01/10/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EHLEN, JAMIE
Address 480 BROADWAY STREET
City-State-Zip: ST. PAUL MN 55101

Title SECRETARY
Name DVORAK, KAREN
Address 480 BROADWAY STREET
City-State-Zip: ST. PAUL MN 55101

Title PRESIDENT
Name STEFANIAK, LEANNA
Address 1722 DIANE ROAD
City-State-Zip: MENDOTA HEIGHTS MN 55118

Title DIRECTOR
Name ROHLOFF, NIKKI
Address 480 BROADWAY STREET
City-State-Zip: ST. PAUL MN 55101

Title EXECUTIVE DIRECTOR
Name ROCKLITZ, SARAH
Address 480 BROADWAY STREET
City-State-Zip: ST. PAUL MN 55101

Title DIRECTOR
Name SIMONETT, TALIA
Address 480 BROADWAY STREET
City-State-Zip: ST. PAUL MN 55101

Title DIRECTOR
Name BEAHEN, JEFF
Address 18403 SMITH STREET NW,
City-State-Zip: ELK RIVER MN 55330

Title DIRECTOR
Name GAJESKI, KAREN
Address 600 SOUTH PORTLAND AVE. S
City-State-Zip: MINNEAPOLIS MN 55415

Title DIRECTOR
Name RYDBERG, NICK
Address 480 BROADWAY STREET
City-State-Zip: ST. PAUL MN 55101

Title DIRECTOR
Name MORRISON, NINA
Address 480 BROADWAY STREET
City-State-Zip: ST. PAUL MN 55101

Title DIRECTOR
Name FLAHERTY, SCOTT
Address 4528 WEST 56TH STREET
City-State-Zip: EDINA MN 55424

Title DIRECTOR
Name PAYNE, THOMAS
Address 4212 GRIMES AVE. S
City-State-Zip: EDNA MN 55416