

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000002741

**Entity Name:** MINNESOTA ARCHITECTURAL ALLIANCE, INC.

**Current Principal Place of Business:**

400 CLIFTON AVE., S.  
MINNEAPOLIS, MN 55403

**Current Mailing Address:**

400 CLIFTON AVE., S.  
MINNEAPOLIS, MN 55403

**FEI Number: 41-0963427**

**Certificate of Status Desired: No**

**Name and Address of Current 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

**Officer/Director Detail :**

Title PDC  
Name BRENDALLEN, CAREY  
Address 400 CLIFTON AVE., S.  
City-State-Zip: MINNEAPOLIS MN 55403

Title STDC  
Name ELLSWORTH, CYNTHIA L  
Address 400 CLIFTON AVE., S.  
City-State-Zip: MINNEAPOLIS MN 55403

Title VDC  
Name VESTERHOLT, PETER  
Address 400 CLIFTON AVE S  
City-State-Zip: MINNEAPOLIS MN 55403

Title VDC  
Name PETERSON, ERIC  
Address 400 CLIFTON AVE S  
City-State-Zip: MINNEAPOLIS MN 55403

Title VDC  
Name DEANGELO, THOMAS  
Address 400 CLIFTON AVE S  
City-State-Zip: MINNEAPOLIS MN 55403

*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: CYNTHIA ELLSWORTH**

**SECRETARY**

**02/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date