### 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004942

Entity Name: GUARANTY BROKERAGE SERVICES, INC.

# **Current Principal Place of Business:**

400 1ST STREET SOUTH STE 300 ST. CLOUD. MN 56301

# **Current Mailing Address:**

400 1ST STREET SOUTH STE 300 ST. CLOUD. MN 56301

FEI Number: 68-0165121 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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

**FILED** Apr 16, 2013

**Secretary of State** 

CC4997818858

#### Officer/Director Detail:

Title P/D Title

BONNEAU, CATHERINE M Name BURNS, MICHAEL D Name

400 1ST STREET SOUTH, SUITE 300 Address 400 1ST STREET SOUTH STE 300 Address

S

City-State-Zip: ST. CLOUD MN 56301 ST. CLOUD MN 56301 City-State-Zip:

Title AS Title T/D

Name GREG, OLSON A Name SHELSON, MARK P

Address 400 1ST STREET SOUTH STE 300 Address 400 1ST STREET SOUTH STE 300

ST. CLOUD MN 56301 City-State-Zip: City-State-Zip: ST. CLOUD MN 56301

Title VΡ VP/D Title

Name SMILEY, STANLEY R Name MCCOOL, LEANN R Address 200 N SEPULVEDA BLVD 400 1ST STREET SOUTH, SUITE 300 Address City-State-Zip: EL SEGUNDO CA 90245 City-State-Zip: ST. CLOUD MN 56301

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.

04/16/2013 SIGNATURE: GREG A. OLSON ASSISTANT SECRETARY