

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P41068

**Entity Name:** BEST BUY CO. OF MINNESOTA, INC.

**Current Principal Place of Business:**

7601 PENN AVENUE S.  
RICHFIELD, MN 55423

**FILED**  
**Apr 20, 2017**  
**Secretary of State**  
**CC2256806310**

**Current Mailing Address:**

7601 PENN AVENUE S.  
RICHFIELD, MN 55423 US

**FEI Number: 41-0907483**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH 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

**Officer/Director Detail :**

Title SVP, FINANCE - TAX  
Name CARLSON, KRISTI  
Address 7601 PENN AVENUE S.  
City-State-Zip: RICHFIELD MN 55423

Title DIRECTOR  
Name CAPUTO, LISA M.  
Address 7601 PENN AVENUE S.  
City-State-Zip: RICHFIELD MN 55423

Title DIRECTOR  
Name DOYLE, J. PATRICK  
Address 7601 PENN AVENUE S.  
City-State-Zip: RICHFIELD MN 55423

Title DIRECTOR  
Name FRADIN, RUSSELL P.  
Address 7601 PENN AVENUE S.  
City-State-Zip: RICHFIELD MN 55423

Title DIRECTOR  
Name HIGGINS VICTOR, KATHY J.  
Address 7601 PENN AVENUE S.  
City-State-Zip: RICHFIELD MN 55423

Title DIRECTOR  
Name KENNY, DAVID W  
Address 7601 PENN AVENUE S.  
City-State-Zip: RICHFIELD MN 55423

Title DIRECTOR  
Name MCLOUGHLIN, KAREN A.  
Address 7601 PENN AVENUE S.  
City-State-Zip: RICHFIELD MN 55423

Title DIRECTOR  
Name MILLNER, THOMAS L  
Address 7601 PENN AVENUE S.  
City-State-Zip: RICHFIELD MN 55423

**Continues on page 2**

*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: KRISTI CARLSON**

**SVP**

**04/20/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MUNCE, CLAUDIA F.  
Address        7601 PENN AVENUE S.  
City-State-Zip: RICHFIELD MN 55423

Title           DIRECTOR  
Name           VITTECOQ, GERARD  
Address        7601 PENN AVENUE S.  
City-State-Zip: RICHFIELD MN 55423