

No. C 145564		Due no later than Sep 30, 2016		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTH FITNESS CORPORATION 1700 WEST 82ND STREET SUITE 200 MINNEAPOLIS MN 55431		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	PAUL LOTHARIUS	400 FIELD DRIVE	LAKE FOREST	IL	USA	60546
SECRETARY	LAURA A. DEROUIN	400 FIELD DRIVE	LAKE FOREST	IL	USA	60546
TREASURER	PHILIP A. GOSS	400 FIELD DRIVE	LAKE FOREST	IL	USA	60546
DIRECTOR	PAUL J. LOTHARIUS	1700 WEST 82ND STREET SUITE 200	MINNEAPOLIS	MN	USA	55431
DIRECTOR	PHILIP A. GOSS	1700 WEST 82ND STREET SUITE 200	MINNEAPOLIS	MN	USA	55431
DIRECTOR	JERRY HITPAS	1700 WEST 82ND STREET SUITE 200	MINNEAPOLIS	MN	USA	55431
DIRECTOR	JOHN ANDERSON	1700 WEST 82ND STREET SUITE 200	MINNEAPOLIS	MN	USA	55431
DIRECTOR	JOSEPH L. PRAY	1700 WEST 82ND STREET SUITE 200	MINNEAPOLIS	MN	USA	55431
5. Organized Under the Laws of: MN C 145564		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 08/09/2016 Title: POA				
Processed 08/09/2016		* Electronically provided signatures are accepted as original signatures.				