

No. C 184085		Due no later than Aug 31, 2015		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. COLLECTOR'S INSURANCE AGENCY, INCORPORATED 4040 WEST 70TH STREET EDINA MN 55435		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	PATRICK MORRIS	4040 WEST 70TH STREET	EDINA	MN	USA	55435
SECRETARY	BOB LEVITT	4040 WEST 70TH STREET	EDINA	MN	USA	55435
TREASURER	NICK DIGIOVANNI	4040 WEST 70TH STREET	EDINA	MN	USA	55435
DIRECTOR	NICK J DIGIOVANNI	4040 WEST 70TH STREET	EDINA	MN	USA	55435
DIRECTOR	RICHARD G DOANE	4040 WEST 70TH STREET	EDINA	MN	USA	55435
DIRECTOR	CARRIE FINNEY	4040 WEST 70TH STREET	EDINA	MN	USA	55435
DIRECTOR	KEITH KETTELKAMP	4040 WEST 70TH STREET	EDINA	MN	USA	55435
DIRECTOR	ROBERT L LEAVITT	4040 WEST 70TH STREET	EDINA	MN	USA	55435
DIRECTOR	JAMES RICHARDS	4040 WEST 70TH STREET	EDINA	MN	USA	55435
DIRECTOR	TED M SMITH	4040 WEST 70TH STREET	EDINA	MN	USA	55435
DIRECTOR	RICH TURNER	4040 WEST 70TH STREET	EDINA	MN	USA	55435
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
MN		Signature: Mandeline Hendricks		Date: 07/15/2015		
C 184085		Name (type or print): Mandeline Hendricks		Title: POA		
Processed 07/15/2015		* Electronically provided signatures are accepted as original signatures.				