

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------|---------|-------------|--|
| No. C 145564 | | Due no later than Sep 30, 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. HEALTH FITNESS CORPORATION 1700 WEST 82ND STREET SUITE 200 MINNEAPOLIS MN 55431 USA | | 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 | |
| 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 | 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 | JOSEPH L. PRAY | 1700 WEST 82ND STREET SUITE 200 | MINNEAPOLIS | MN | USA | 55431 | |
| SECRETARY | LAURA A. DEROUIN | 1700 WEST 82ND STREET SUITE 200 | MINNEAPOLIS | MN | USA | 55431 | |
| TREASURER | PHILIP A. GOSS | 1700 WEST 82ND STREET SUITE 200 | MINNEAPOLIS | MN | USA | 55431 | |
| PRESIDENT | PAUL J. LOTHARIUS | 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: 08/12/2015 Title: POA | | | | | |
| Processed 08/12/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |