No. C 145564		Due no later than Sep 30, 2012			2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			CT CORPORATION SYSTEM				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HEALTH FITNESS CORPORATION 1700 WEST 82ND STREET SUITE 200		1111 W JEFFERSON STE 530 BOISE ID 83702 USA					
NO FILING FEE IF RECEIVED BY DUE DATE		MINNEAPOLIS MN 55431 USA		3. <u>New</u> Registered Agent Signature:*					
4. Corporations: Enter	Names and Busin	ess Addresses of Presid	dent, Secretary, and Directors. 7	Treasurer (optional).				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
DIRECTOR VICE PRESIDENT TREASURER SECRETARY PRESIDENT	DENNIS L SCHOFF T GREG SIEDSCHLAG PAUL T. SCHUSTE DENNIS L SCHOFF PAUL LOTHARIUS		1700 WEST 82ND STREET 1	SUITE 200 SUITE 200 SUITE 200	MINNEAPOLIS MINNEAPOLIS MINNEAPOLIS	MN MN MN MN MN	USA USA USA USA USA	55431 55431 55431 55431 55431	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
MN		Signature: Kelly Lettmann			Date: 08/17/2012				
C 145564		Name (type or print): Kelly Lettmann				Title: Poa			
Processed 08/17/2012		* Electronically provided signatures are accepted as original signatures.							