

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002595

Entity Name: MAGNOLIA HI-FI, INC.

FILED
Apr 25, 2011
Secretary of State

Current Principal Place of Business:

6305 SOUTH 231ST STREET
KENT, WA 98032

New Principal Place of Business:

7601 PENN AVENUE S.
RICHFIELD, MN 55423

Current Mailing Address:

6305 SOUTH 231ST STREET
KENT, WA 98032

New Mailing Address:

7601 PENN AVENUE S.
RICHFIELD, MN 55423

FEI Number: 91-0857815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRE
Name: WILLIAMS, MARK A
Address: 7601 PENN AVENUE S.
City-St-Zip: RICHFIELD, MN 55423

Title: SVPS
Name: JOYCE, JOSEPH M
Address: 7601 PENN AVENUE S.
City-St-Zip: RICHFIELD, MN 55423

Title: VP/T
Name: GOULD, CHRISTOPHER K
Address: 7601 PENN AVENUE S.
City-St-Zip: RICHFIELD, MN 55423

Title: DIR
Name: GRAFTON, SUSAN S
Address: 7601 PENN AVENUE S.
City-St-Zip: RICHFIELD, MN 55423

Title: DIR
Name: SHEEHAN, TIMOTHY R
Address: 7601 PENN AVENUE S.
City-St-Zip: RICHFIELD, MN 55423

Title: DIR
Name: SURFACE, CAROL A
Address: 7601 PENN AVENUE S.
City-St-Zip: RICHFIELD, MN 55423

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: MANDELINE HENDRICKS

POA

04/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date