

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003155

Entity Name: BBY SERVICES, INC.

FILED  
Apr 08, 2010  
Secretary of State

**Current Principal Place of Business:**

7601 PENN AVE, SOUTH  
RICHFIELD, MN 55423

**New Principal Place of Business:**

7601 PENN AVE. SOUTH  
RICHFIELD, MN 55423

**Current Mailing Address:**

7601 PENN AVE, SOUTH  
RICHFIELD, MN 55423

**New Mailing Address:**

7601 PENN AVE. SOUTH  
RICHFIELD, MN 55423

FEI Number: 26-3332584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: DUNN, BRIAN J DCEO  
Address: 7601 PENN AVE. SOUTH  
City-St-Zip: RICHFIELD, MN 55423

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

Title: TCFO  
Name: ROBINSON, RYAN D TCFO  
Address: 7601 PENN AVE. SOUTH  
City-St-Zip: RICHFIELD, MN 55423

Title: DCFO  
Name: MUEHLBAUER, JAMES L DCFO  
Address: 7601 PENN AVE. SOUTH  
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

04/08/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date