



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 135022		2. Name of Corporation POLARIS SALES INC.					
3. Street Address Principal Business Office 2100 Highway 55				City Medina		State MN	Zip 55340
4. Business Phone No. 763-542-0500			5. State of Incorporation MINNESOTA			6. SIC Code 2618	
7. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE OF RECREATIONAL/UTILITY VEHICLES AND RELATED PARTS, GARMENTS AND ACCESSORIES							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Thomas C. Tiller				Vice President Name Kenneth J. Sobaski			
Street Address 2100 Highway 55				Street Address 2100 Highway 55			
City Medina		State MN	Zip 55340	City Medina		State MN	Zip 55340
Secretary Name Michael W. Malone				Treasurer Name Michael W. Malone			
Street Address 2100 Highway 55				Street Address 2100 Highway 55			
City Medina		State MN	Zip 55340	City Medina		State MN	Zip 55340
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name Thomas C. Tiller				Director Name Michael W. Malone			
Street Address 2100 Highway 55				Street Address 2100 Highway 55			
City Medina		State MN	Zip 55340	City Medina		State MN	Zip 55340
Director Name Kenneth J. Sobaski				Director Name			
Street Address 2100 Highway 55				Street Address			
City Medina		State MN	Zip 55340	City		State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares		Class/Series	Par Value	Number of Shares		Class/Series	Par Value
15,000 COMM \$0.01 PAR VALUE				100		Common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



135022

FILED

File Date MAR 03 2006
Check No. 29589
By KB

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael Malone 2-18-05
Signature of Officer Date
Michael W. Malone
Print or Type Name of Officer
CFO, Treasurer & Secretary
Title of Officer



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15,000 COMM \$0.01 PAR VALUE			100	common	\$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date 2009
Check No. 27596
By: MP
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael Malone 01-21-04
Signature of Officer Date
Michael W. Malone
Print or Type Name of Officer
CFO, Secretary
Title of Officer