

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222 3040

PROFIT CORPORATION	N A	ANNUAL REPORT FOR THE YEAR	2005
Filing Period: January 1 - March 1	•	Filing Fee: \$50.00	

(FORM MUST BE TYPED OR PRIN	TED IN BIACK)					
1. Corporate ID No.	2. Name of Corporation		<del></del>	<del></del>		
21565	Gelco Corporati	on				
3 Street Address Principal Business O		<u> </u>	City	State	Zip	
Three Capita	<u>J Brive</u>	<del></del>	Eden Prairie	MN	55344	
4 Business Phone No. 952 828 - 29	789	5. State of Incorporation  DELAWARE			6. SIC Code 6130	
7. Brief Description of the Chamter of FINANCIAL SERVICES			<u> </u>	<del></del>	0130	
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) K FILL IN SPA	CES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name	_		
Street Address	inello		James R	Power		
Three Capita	1 Prive		Street Address Three Capit	al Drive		
Eden Prairie	State MN	55344	Eden Prairie	State	55344	
Secretary Name	d	. 4	Treasurer Name		٧٠٠	
Brock J An	stin	<u></u> .	Robert J Bobier			
Three Capita	1 Drive		Three Capita	1 Drive		
Eden Prairie	State MN	<sup>7.10</sup> 55344	Eden Prairie	State	7. F 2 111	
9. NAMES AND ADDRESSES		 S:		PACES BEFORE USING	DDD19	
Director Name			Director Name	ACLS BEFORE USING	ATTACHMENTS	
Kathy V Ma	rinello		Robert J Bobier			
Three Capite	al Drive		Street Address			
City	State	Zip	: I hree capit	Islance	7/0	
Eden Prairie	MN	55344	Eden Prairie	MN	55344	
5. B Rut	h		Director Name			
Three Capita	1 Drive		Street Address			
City	State	ZIP = 1/11	G(t)	State	Zip	
Eden Prairie	MN	55344	•		7.47	
10. SHARES AUTHORIZED ( AUTHORIZED SHARES	"X" BOX FOR ATTA	ICHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
<del></del>	Class/Sertes	Par Value	ISSUED SHARES	1	-1	
<del></del>		· · ·	Number of Shares	Class/Series	Par Value	
50,000 COMM \$10.00 PAR VA	LUE, 1,000,000 PRE	F \$.01 PAR VALUE	21731.5292	Common	10.00	
			155350	Pres	.01	
This report must be si	gned in ink by eithe	er the President, Vice Pr	esident, Secretary, Assistant S	ecretary Treasurer Re	ceiver or Trustee	
	•			eerelary, Treasurer, ice	cerver or trastee	
	<b>30:</b>					
	<b>. 1   1   1   1   1   1   1   1   1   1 </b>					
		<b>           </b>	Under penalty of periury.	I declare and affirm that	I have examined this report	
<del></del>	<u>*21565*</u>	,	including any accompany	ing schedules and statem	ents, and that all statements	
1-31-00			contained herein are true	and correct.		
File Date 1-31-05			Om Ben	<u> </u>	1/24/05	
Check No. 278533	52		Signature of Officer		Date	
By:			Non Benki	<u> </u>		
			Print or Type Name of Officer			
FOR SECRETARY OF STAT	TE USE ONLY		Asst Trea	surer		
		1	Title of Officer		Form 630 Rev. 12/03	

## Gelco Corporation

## Address of officers & Directors

President:	K. V. Marinello	Three Capital Drive, Eden Prairie, MN 55344
Vice President:	J. R. Power	Three Capital Drive, Eden Prairie, MN 55344
Secretary:	Brock J. Austin	Three Capital Drive, Eden Prairie, MN 55344
Treasurer:	Robert J. Bobier	Three Capital Drive, Eden Prairie, MN 55344
Asst Treasurer	Donald Benke	Three Capital Drive, Eden Prairie, MN 55344
Director:	K. V. Marinello	Three Capital Drive, Eden Prairie, MN 55344
Director:	Robert J. Bobier	Three Capital Drive, Eden Prairie, MN 55344
Director:	S. B. Ruth	Three Capital Drive, Eden Prairie, MN 55344

## Principal office address:

Three Capital Drive Eden Prairie, MN 55344

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN BI	LACK)					
1. Corporate ID No.	2. Name of Corporation	***************************************				
21565	Gelco Corporatio	n				
3. Street Address Principal Business Office			Cin	State	Zip	
3 CAPTIAL DRIVE			EDEN PRAIRIE	MN	55344-	
4. Business Phone No.	4. Business Phone No. 5. State of Incorporation				6. SIC Code	
9528282989 DELAWARE				6130		
7. Brief Description of the Charac FINANCIAL SERVICES	cter of Business Conducted	in Rhode Island	·	<del>-</del>	<del></del>	
8. NAMES AND ADDRESS	ES OF THE OFFICE	R\$ ("X" BOX FOR ATTA	CHMENT) LIFTEL IN SPACE	CES BEFORE USING ATT	ACHAGENES	
i resident Name			Vice President Name			
Kathy V. Marinello			Daniel O. Colao			
Street Address	<u>-</u>	<del></del>	Street Address	<u> </u>	<del> </del>	
Three Capital Driv	e		Three Capital Dr	rive		
Cin.	State	Zip	Ciņ	State	Zip	
Eden Prairie	MN	55344	Eden Prairie	MN	55344	
Secretary Name	• • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	Treasurer Name	'		
Brock J Austin			Don Benke			
Street Address		· · · · · · · · · · · · · · · · · · ·	Sireet Address			
			Three Capital Drive			
Ciņ·	State	Zip	*Ciny	State	Zip	
Eden Prairie	MM	55344	Eden Prairie	MN	55344	
9. NAMES AND ADDRESS	ES OF THE DIRECTO	ORS ("X" BOX FOR ATT	ACHMENT)   FILL IN SP	ACES BEFORE USING AT	TACHMENTS	
Director Name		<del>-</del>	Director Name			
Kathy V. Marinello			S.B. Ruth			
Street Address		····	Street Address		<del></del>	
Three Capital Drive	2		Three Capital Dr	ive		
City	State		·City	State	Zip	
Eden Prairie	MN	55344	Eden Prairie	MN	55344	
Director Name	<b></b>	•••••	Director Name		. 1555::	
Daniel O. Colao		,	•			
Street Address	· · · · · · · · · · · · · · · · · · ·	·	· Sirect Address			
Three Capital Drive	•	,	•			
City	State	Zip	City	State	Zip	
Eden Prairie	MN	55344	•		'	
10. SHARES AUTHORIZE	O ("X" BOX FOR ATTA	CHMENT)	II. SHARES ISSUED ("A"	BOX FOR ATTACHMENT	П	
AUTHORIZED SHARES		ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class'Series	Par Value	
50,000 COMM \$10.00 PAR VALUE, 1,000,000 PREF \$.01 PAR		21731.5292	Common	\$10.00		
			155350	Preferred	\$.01	
This report must be signed		President, Vice Pres	ident, Secretary, Assista	nt Secretary, Treasure	r, Receiver or Truste	



*21565 FBC	03/08/04 05:24:33 PM* /
File Date	366109
Check No	2390970
B <sub>Y</sub>	<u>\$</u>
FOR SECRETA	RY 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.

Don Benke	3-/7-04	
Signature of Officer	Date	
0-11 0-11-		

Print or Type Name of Officer

Form 630 12/01