

1.) CORPORATION NAME:

PARTNERSHIP FINANCIAL SERVICES, INC.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0508947**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: THREE CAPITAL DRIVE

CITY/ST/ZIP: EDEN PRAIRIE, MN 55344

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: RONALD FONTANA TITLE: PRESIDENT ADDRESS: 10 RIVERVIEW DR CITY/ST/ZIP/CO: DANBURY, CT 06810</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: THOMAS E MURPHY TITLE: VICE PRESIDENT ADDRESS: THREE CAPITAL DR CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: YVONNE MILLER TITLE: VICE PRESIDENT ADDRESS: 201 MERRITT 7 CITY/ST/ZIP/CO: NORWALK, CT 06851</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DALE SHORES TITLE: VICE PRESIDENT ADDRESS: THREE CAPITAL DR CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOANNE MANTHE TITLE: SECRETARY ADDRESS: THREE CAPITAL DR CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SERGIUSZ KALISTA TITLE: TREASURER ADDRESS: THREE CAPITAL DRIVE CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	LINDA VELEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10 RIVERVIEW DRIVE		
CITY/ST/ZIP/CO:	DANBURY, CT 06810		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ YVONNE MILLER	YVONNE MILLER, VICE	5/8/2012
_____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	_____ PRESIDENT PRINTED NAME AND CORPORATE TITLE	_____ DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.