

1.) CORPORATION NAME:

**Adolfson & Peterson, Inc.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1864653**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6701 W 23RD ST

CITY/ST/ZIP: SAINT LOUIS PARK, MN 55426

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.

NAME:	SCOTT A WEICHT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6701 W 23RD ST		
CITY/ST/ZIP/CO:	SAINT LOUIS PARK, MN 55426		
NAME:	JEFFREY HANSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	6701 W 23RD ST		
CITY/ST/ZIP/CO:	SAINT LOUIS PARK, MN 55426		
NAME:	DOUGLAS JAEGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	6701 W 23D ST		
CITY/ST/ZIP/CO:	ST LOUIS PARK, MN 55426		
NAME:	BROOK ADOLFSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6701 W 23RD ST		
CITY/ST/ZIP/CO:	SAINT LOUIS PARK, MN 55426		
NAME:	WILLIAM SHARPE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6701 W 23RD ST		
CITY/ST/ZIP/CO:	SAINT LOUIS PARK, MN 55426		
NAME:	JoAnn Stork	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6701 W 23rd St		
CITY/ST/ZIP/CO:	St Louis Park, MN 55426		

NAME: William Bradford TITLE: DIRECTOR ADDRESS: 6701 W 23rd St CITY/ST/ZIP/CO: St Louis Park, MN 55426	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Mark Dixon TITLE: DIRECTOR ADDRESS: 6701 W 23rd St CITY/ST/ZIP/CO: St Louis Park, MN 55426	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Kevin Gott TITLE: DIRECTOR ADDRESS: 6701 W 23rd St CITY/ST/ZIP/CO: St Louis Park, MN 55426	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Mark Boatwright TITLE: DIRECTOR ADDRESS: 6701 W 23rd St CITY/ST/ZIP/CO: St Louis Park, MN 55426	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Steven Pinney TITLE: DIRECTOR ADDRESS: 6701 W 23rd St CITY/ST/ZIP/CO: St Louis Park, MN 55426	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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/ SCOTT A WEICHT	SCOTT A WEICHT, PRESIDENT		3/25/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.				