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# ANNUAL REPORT

Domestic Business Corporation  
SDCL 59-11-24, 24.1

Secretary of State  
500 E. Capitol Ave  
Pierre, SD 57501-5070  
(605) 773-4845

**2021**  
FILING YEAR

Please Type or Print Clearly in Ink  
Please submit one Original  
Make payable to the SECRETARY OF STATE

Filing Fee: \$50
Total Fee: \$50

1. Business ID and Name:

**DB024054**  
BUSINESS ID

**DTI INC.**  
BUSINESS NAME

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address):

Actual Street Address

**47321 GOLFVIEW DR  
DELL RAPIDS, SD 57022**

Mailing Address

**47321 GOLFVIEW DR  
DELL RAPIDS, SD 57022**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(a) The South Dakota Noncommercial Registered Agent's name

Name JOHN DRESSEN

Actual Street Address in this State

**47321 GOLF VIEW DR  
DELL RAPIDS, SD 57022**

Mailing Address in this State

5. The names and business addresses of its principal officers.

Title	Name	Address
<b>President</b>	<b>JOHN DRESSEN</b>	<b>47321 GOLFVIEW DR, DELL RAPIDS, SD, 57022</b>
<b>Secretary</b>	<b>JANE DRESSEN</b>	<b>47321 GOLFVIEW DR, DELL RAPIDS, SD, 57022</b>

6. The names and business addresses of its directors (governors).

Name	Address

7. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).

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01/30/2021

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Email (Optional)

*JOHN DRESSEN*

\_\_\_\_\_  
Signature of an Authorized Person

**JOHN DRESSEN**

\_\_\_\_\_  
Printed Name

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