

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

3 3 0 7 2 0 7 1 3 5 5

1993

#25

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 6/24/93
RECEIPT NO. _____

RECEIVED

JUN 24 1993

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-008527
Philip Softball Association, Inc.
West Loop
P.O. Box 695
Philip, SD 57567-0695

Day Time Phone # 0

Federal Identification # _____

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

- 2. The nature of the affairs which the corporation is conducting in South Dakota is recreation - Softball Association
- 3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
- B. The amount of property presently held by the corporation is \$ 0
* Property should include all real or personal property, or any interest therein, wherever situated.
- 4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Craig Weber</u>	President	<u>Box 15</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Doug West</u>	Vice President	<u>Box 695</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Kerry Burns</u>	Secretary	<u>Box 873</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Kerry Burns</u>	Treasurer	<u>Box 873</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Craig Weber</u>	Director	<u>Box 15</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Doug West</u>	Director	<u>Box 695</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Kerry Burns</u>	Director	<u>Box 873</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 06/22 1993 By Craig Weber
(Signature)

STATE OF South Dakota
COUNTY OF Hebron ss
Its President
(Title)

I, E. Garance Heat, a notary public, do hereby certify that on this 22nd day of June 1993.

personally appeared before me Craig Weber who, being by me first duly sworn, declared that he/she is the President of Philip Softball Association, Inc

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 09/12/99
E. Garance Heat
Notary Public

SECRETARY OF STATE
STATE CAPITOL
600 E. CAPITOL
PIERRE, S.D. 57601-6077
605-773-4846

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: \$6 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The current street address, or a statement that there is no street address, of its registered office _____
ZIP _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is _____
ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is * _____
* The Consent of Registered Agent below must be completed by the agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

Date _____ 19 _____

Craig Wober

(signature)
President

(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day of _____ 19 _____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19 _____

(signature)

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

9 3 0 7 2 5 7 1 3 5 7
1993

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 6/24/93
RECEIPT NO. 320390

RECEIVED

JUN 24 1993

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-008327 JUN/87
PHILIP SOFTBALL ASSOCIATION, INC.
WEST DOWNS CRAIG WEBER
PO BOX 695 IS
PHILIP, SD 57567-0695

Day Time Phone # None

Federal Identification # _____

FILING DATE: Due during the month the
Certificate of Incorporation was issued, and
delinquent the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Recreation - Softball Association

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ None
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Craig Weber</u>	President	<u>Box 15</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Ron Coyle</u>	Vice President	<u>Box 664</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Trisa Burns</u>	Secretary	<u>Box 873</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Sandy Branson</u>	Treasurer	<u>H.C. 201 Box 4A</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Craig Weber</u>	Director	<u>Box 15</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Ron Coyle</u>	Director	<u>Box 664</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Trisa Burns</u>	Director	<u>Box 873</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 6/22 1993

By Craig Weber
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Hooker ss

I, E. Jeanne Hunt, a notary public, do hereby certify that on this 22nd day of June, 1993.

personally appeared before me Craig Weber who, being by me first duly sworn, declared that he/she is the

President of Philip Softball Association, Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 09/12/99

E. Jeanne Hunt
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-6077
606-773-4846

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is Philip Softball Association, Inc.
2. The current street address, or a statement that there is no street address, of its registered office No street address; PO Box 695, Philip, SD ZIP 57567
3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is no street address, Box 15 Philip, SD ZIP 57567
4. The name of its previous registered agent is Doug West
5. The name of its successor (current) registered agent is Craig Weber
* The Consent of Registered Agent below must be completed by the agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

Date 06/22 1993
Craig Weber
(signature) President
(title)

STATE OF South Dakota
COUNTY OF Hickory ss
I, E. James Thant, a notary public, do hereby certify that on this 22nd day of June 1993, personally appeared before me Craig Weber who being by me first duly sworn, declared that he/she is the President of Philip Softball Association, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 09/12/99
E. James Thant
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, CRAIG WEBER, hereby give my consent to serve as the
(name of registered agent)
registered agent for PHILIP SOFTBALL ASSOCIATION, INC.
(corporate name)

Dated _____ 19____
(signature)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S D. 57501-5077
605-773-4845

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

- The name of the corporation is Philip Softball Association, Inc.
- The current street address, or a statement that there is no street address, of its registered office No street address ; PO Box 695 Philip SD ZIP 57567
- The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is no street address, Box 15 Philip SD ZIP 57567
- The name of its previous registered agent is Doug West
- The name of its successor (current) registered agent is Craig Weber
* The Consent of Registered Agent below must be completed by the agent.
- The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

Date 06/22 1993

Craig Weber
(signature)
President
(title)

STATE OF South Dakota
COUNTY OF Wichita ss

I, E. Jeanne Thant, a notary public, do hereby certify that on this 22nd day of June 1993, personally appeared before me Craig Weber who, being by me first duly sworn, declared that he/she is the President of Philip Softball Association, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 09/12/99

E. Jeanne Thant
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, CRAIG WEBER, hereby give my consent to serve as the
(name of registered agent)
registered agent for PHILIP SOFTBALL ASSOCIATION, INC.
(corporate name)

Dated _____ 19____

(signature)

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

9 3 0 7 2 5 7 1 3 5 7
1993

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 6/21/93
RECEIPT NO. 520390

RECEIVED

JUN 24 1993

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-D08327 JUN/87
PHILIP SOFTBALL ASSOCIATION, INC.
WEST DOLL Craig Weber
PO BOX 15
PHILIP, SD 57567-0695

Day Time Phone # None

Federal Identification # _____

FILING DATE: Due during the month the
Certificate of Incorporation was issued, and
delinquent the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Recreation - Softball Association

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is None

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Craig Weber</u>	President	<u>Box 15</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Ron Coyle</u>	Vice President	<u>Box 664</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Trisa Burns</u>	Secretary	<u>Box 873</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Sandy Benson</u>	Treasurer	<u>HC 001 Box 4A</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Craig Weber</u>	Director	<u>Box 15</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Ron Coyle</u>	Director	<u>Box 664</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Trisa Burns</u>	Director	<u>Box 873</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 06/22 1993

By Craig Weber
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Sioux

I, G. Jerome Thust, a notary public, do hereby certify that on this 22nd day of June 1993.

personally appeared before me Craig Weber who, being by me first duly sworn, declared that he/she is the

President of Philip Softball Association, Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 09/12/99

G. Jerome Thust
Notary Public

(Notarial Seal)

9 3 0 7 2 5 7 1 3 5 3

Receipt No 320390

Filed at Request of

File No NS008327

Craig Weber
Box 15
Philip SD57567

ST OF CHGE

OF

PHILIP SOFTBALL ASSOCIATION, INC.

State of South Dakota

ss

Office of Secretary of State

Filed in the office of the Secretary of State on
the 24th day of June 19 93

Joyce Hazelton
Secretary of State

By _____
Deputy

Fee Received

\$5

1996

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

9E08133.4392

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE
RECEIPT NO.

1/24/96

559657

RECEIVED

JUL 24 1996

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-008327 JUN/93
PHILIP SOFTBALL ASSOCIATION, INC.
WEBER, CRAIG
PO BOX 15
PHILIP, SD 57567-0015

Day Time Phone # 859-2791 Ext. 206

Federal Identification #

FILING DATE: Due during the month the
Certificate of Incorporation was issued, and
delinquent after the last day of the following
month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is A Mens Softball League
& a Womens Softball League
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 1,500.00
* Property should include all real or personal property, or any interest therein, wherever situated.
4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Brad Kueberbecker</u>	President	<u>302 W. Oak St</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Craig Weber</u>	Vice President	<u>P.O. Box 15</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Sandy Benson</u>	Secretary	<u>HC 001 Box 4A</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Sandy Benson</u>	Treasurer	<u>HC 001 Box 4A</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Craig Weber</u>	Director	<u>P.O. Box 15</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Ren Coyle</u>	Director	<u>P.O. Box 664</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Sandy Benson</u>	Director	<u>HC 001 Box 4A</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 6-19 1996

By Craig Weber
(Signature) must be signed in the presence of a notary
Its V.P.
(Title)

STATE OF South Dakota
COUNTY OF Hebron ss

I, Victoria Peterson, a notary public, do hereby certify that on this 19th day of June 1996,
personally appeared before me Craig Weber who, being by me first duly sworn, declared that he/she is the
Vice President of the corporation named above, and signed the foregoing document as officer of
the corporation, and the statements therein contained are true.

My Commission Expires MY COMMISSION EXPIRES
APRIL 7, 2000

Victoria Peterson
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: * \$5 In addition to annual report fee
* No fee for postal renumbering. (must be stated on the form)

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous registered office address: _____
_____ ZIP _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The street address, or a statement that there is no street address, of its registered office and the address of the office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

Date _____ 19 _____

(signature) must be signed in the presence of a notary

(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on
this _____ day of _____ 19 _____, personally appeared before me _____
who, being by me first duly sworn, declared that he/she is the _____ of the corporation named
above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19 _____

(signature)

1999

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

9908198 3080
NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 7-23-99
RECEIPT NO. 21471

RECEIVED

JUL 23 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-008327 JUN/96
PHILIP SOFTBALL ASSOCIATION, INC.
WEBER, CRAIG
PO BOX 15
PHILIP, SD 57567-0015

Day Time Phone # _____

Federal Identification # _____

FILING DATE: Due during the month the
Certificate of Incorporation was issued, and
delinquent after the last day of the following
month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is daying softball, paying softball bills.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 1527.96
*Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Roger O'Connell</u>	President	<u>HC 03 Box 20</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Todd Fenner</u>	Vice President	<u>PO Box 34</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Rebecca Fenner</u>	Secretary	<u>PO Box 34</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Rebecca Fenner</u>	Treasurer	<u>PO Box 34</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Roger O'Connell</u>	Director	<u>HC 03 Box 20</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Todd Fenner</u>	Director	<u>PO Box 34</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Kennie Coyle</u>	Director	<u>303 Myrtle Ave</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 7/22/99 19 99

By Roger O'Connell
(Signature) must be signed in the presence of a notary
its President
(Title)

STATE OF South Dakota ss
COUNTY OF Haskell

I, Lori A. Schuler, a notary public, do hereby certify that on this 22nd day of July, 19 99, personally appeared before me Roger O'Connell who, being by me first duly sworn, declared that he/she is the Philip Softball Assoc. Inc of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires April 26, 2000

Lori A. Schuler
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

File Date _____
Receipt No. _____

FILING FEE: \$5 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous (old) registered office address _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____ 19 _____

(Signature) must be signed in the presence of a notary)

(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day
of _____ 19 _____, personally appeared before me _____
who, being by me first duly sworn, declared that he/she is the _____ of _____
_____ that he/she signed the foregoing document as officer of
the corporation, and the statements therein contained are true.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19 _____

(signature)


2002 NONPROFIT REPORT

FILE DATE 7-29-02
 RECEIPT NO. 112219
 RECEIVED
 JUL 29 '02

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:


 NS-008327 JUN/1999
 PHILIP SOFTBALL ASSOCIATION, INC.
 WEBER, CRAIG
 PO BOX 15
 PHILIP SD 57567-0015

Day Time Phone # (605) 669-3791
 Federal Taxpayer ID _____
 FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is softball association - upkeep on field
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
 B. The amount of property presently held by the corporation is \$ 1500 to 1700 (affidavits are paid)
 * Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Ronnie Coyle</u>	President	<u>PO Box 664</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Todd Fenner</u>	Vice President	<u>PO Box 341</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Rebecca Fenner</u>	Secretary	<u>PO Box 341</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Rebecca Fenner</u>	Treasurer	<u>PO Box 341</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Ronnie Coyle</u>	Director	<u>PO Box 664</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Todd Fenner</u>	Director	<u>PO Box 341</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Ricky Coyle</u>	Director	<u>POB 1002</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 7-25-02
 By Ronnie Coyle
 (Signature)
 Its President
 (Title)

STATE OF South Dakota
 COUNTY OF Harrison ss

On this the 25th day of July, 2002, before me, Jolene Haynes
 personally appeared Ronnie Coyle, known to me, or proved to me,
 to be the President of the corporation that is described in and that executed the within
 instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 4-3-2003
 (Notarial Seal)

Jolene Haynes
 Notary Public

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
 PHONE: 605-773-4845 FAX (605) 773-4550
 www.state.sd.us/sos/sos.htm

nsar.pdf

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 in addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, or its registered office _____
ZIP _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is " _____

*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____

(Signature) must be signed in the presence of a notary)

(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day
of _____, personally appeared before me _____
who, being by me first duly sworn, declared that he/she is the _____ of _____

_____ that he/she signed the foregoing document as officer of
the corporation, and the statements therein contained are true.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____

(signature of registered agent)

230 0174 08/18/2004

2004 NONPROFIT REPORT

FILE DATE 08/02/04
RECEIVED 1319653
2
AUG 02 '04
S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



* NS008327 *
NS008327 JUN/2002
PHILIP SOFTBALL ASSOCIATION, INC.
WEBER, CRAIG
PO BOX 15
PHILIP SD 57567-0015

Day Time Phone # 859-2100 - Rebecca Fenner Sec.
Federal Taxpa
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is a softball association-repair field, mower, lights, sprinkler system, improvements

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ approx. \$2000
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Shawn Kerns</u>	President	<u>P.O. Box 71</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Trace O'Connell</u>	Vice President	<u>PO Box 381</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Rebecca Fenner</u>	Secretary	<u>615 Bridge St.</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
	Treasurer				

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Shawn Kerns</u>	Director	<u>PO Box 71</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Trace O'Connell</u>	Director	<u>PO Box 381</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Rebecca Fenner</u>	Director	<u>615 Bridge St.</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 7-29-04

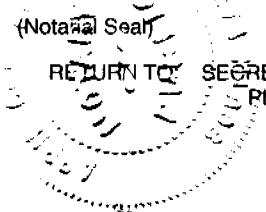
By [Signature]
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Haakon ss

On this the 29 day of July, 2004, before me, April Clements now April Schofield, personally appeared Shawn Kerns, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires December 14, 2005

April Clements now April Schofield
Notary Public



RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550
www.sdsos.gov

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

NON-PROFIT STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: \$5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, or its registered office _____
ZIP _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____

(Signature) must be signed in the presence of a notary)

(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day
of _____, personally appeared before me _____

who, being by me first duly sworn, declared that he/she is the _____ of _____
_____ that he/she signed the foregoing document as officer of

the corporation, and the statements therein contained are true.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____

(signature of registered agent)

238 0145 06/09/2005

2005 NONPROFIT REPORT

FILE DATE 06/02/05
RECEIPT NO. 1446245

RECEIVED

JUN 02 2005

S.D. S.S.O.

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



* NS008327 *
NS008327 JUN/2004
PHILIP SOFTBALL ASSOCIATION, INC.
WEBER, CRAIG
PO BOX 15
PHILIP SD 57567-0015

Day Time Phone # 859-2953
Federal Taxpa
FILING DATE: Due during the month the Certificate
of Incorporation was issued, and delinquent after
the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Amateur Softball

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 0
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Roger O'Connell</u>	<u>President</u>	<u>Box 412</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Craig Weber</u>	<u>Vice President</u>	<u>Box 15</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Shar Moses</u>	<u>Secretary</u>	<u>204 Prairie Dr. Box 474</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Shar Moses</u>	<u>Treasurer</u>	<u>204 Prairie Dr. Box 474</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Roger O'Connell</u>	<u>Director</u>	<u>Box 412</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Heath Morrison</u>	<u>Director</u>		<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Craig Weber</u>	<u>Director</u>	<u>Box 15</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 5-29-05

Shar Moses
(Signature)

Sec. / Treas.
(Title)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, or its registered office _____
_____ ZIP _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another officer.

Dated _____

(Signature)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____

(signature of registered agent)

252 2556 08/25/2006

2006 NONPROFIT REPORT

FILE DATE 08/21/06
 RECEIPT NO. 158330
RECEIVED
 JUL 28 '06
 S.D. SEC. of STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

RECEIVED

AUG 21 '06

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



NS008327 JUN/2005
 PHILIP SOFTBALL ASSOCIATION, INC.
 WEBER, CRAIG
 PO BOX 15
 PHILIP SD 57567-0015

Day Time Phone # 859-2953
 Federal Taxp: _____
 FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Amateur Softball

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 0
 * Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Roger O'Connell</u>	<u>President</u>	<u>Box 412</u> ^{22290 US HWY 14}	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Craig Weber</u>	<u>Vice President</u>	<u>Box 15</u> ^{201 Division St.}	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Shaw Moses</u>	<u>Secretary</u>	<u>204 Prairie Dr. Box 474</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>same</u>	<u>Treasurer</u>	<u>same</u>			

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Roger O'Connell</u>	<u>Director</u>	<u>Box 412</u> ^{22290 US HWY 14}	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Heath Morrison</u>	<u>Director</u>	<u>Box 774</u> ^{504 Dupree St.}	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Craig Weber</u>	<u>Director</u>	<u>Box 15</u> ^{201 Division St.}	<u>Philip</u>	<u>SD</u>	<u>57567</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 5-24-06

Shaw Moses
 (Signature)

Sec / Treas.
 (Title)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is Philip Softball Assoc. Inc.
2. The previous street address, or a statement that there is no street address, or its registered office P.O. Box 15
Philip S.D. 57567-0015 ZIP 57567-0015
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. P.O. Box 474 204 Prairie Drive Philip, S.D. ZIP 57567
4. The name of its previous registered agent is Craig Weber
5. The name of its successor (current) registered agent is * Shar Moses

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another officer.

Dated 8-17-06

Roger O'Connell
(Signature)

Director
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Shar Moses, hereby give my consent to serve as the
(name of registered agent)

registered agent for Philip Softball Assoc.
(corporate name)

Dated 5-24-06

Shar Moses
(signature of registered agent)

264 0071 07/13/2007

2007 NONPROFIT REPORT

RECEIVED

FILE DATE 06/12/07
RECEIPT NO. 1688884
RECEIVED
MAY 17 2007
S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

JUN 12 2007
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



NS008327 JUN/2006
PHILIP SOFTBALL ASSOCIATION, INC.
MOSES, SHAR
204 PRAIRIE DRIVE PO Box 474
PHILIP SD 57567-0015

Day Time Phone # 859-2953
Federal Tax _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Amateur Softball

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 0
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

	NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input checked="" type="checkbox"/>	<u>Roger O'Connell</u>	President	<u>Box 412 22290 US Hwy 14</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<input checked="" type="checkbox"/>	<u>Craig Weber</u>	Vice President	<u>Box 15 201 Division St.</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<input checked="" type="checkbox"/>	<u>Shar Moses</u>	Secretary	<u>Box 474 204 Prairie Dr.</u>	<u>Philip</u>	<u>SD.</u>	<u>57567</u>
<input checked="" type="checkbox"/>	<u>some</u>	Treasurer	<u>some</u>			

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

	NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input checked="" type="checkbox"/>	<u>Heath Morrison</u>	Director	<u>Box 774 504 Dupree St</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
		Director				
		Director				

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 6-8-07

Shar Moses
(Signature)

Sec. / Treas.
(Title)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, or its registered office _____
_____ ZIP _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another officer.

Dated _____

(Signature)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____

(signature of registered agent)

277 1245 06/02/2008

2008 NONPROFIT REPORT

FILE DATE 6/11/08
RECEIPT NO. 185287
RECEIVED
MAY 29 2008
S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK
FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



NS008327 JUN/2007
PHILIP SOFTBALL ASSOCIATION, INC.
MOSES, SHAR
204 PRAIRIE DRIVE
PO BOX 474
PHILIP SD 57567-0474

Day Time Phone # 859-2953
Federal Tax:
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Amateur Softball

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 0
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input checked="" type="checkbox"/> Roger O'Connell	President	Box 412	22290 US Hwy 14	Philip SD.	57567
<input checked="" type="checkbox"/> Craig Weber	Vice President	Box 15	201 Division St.	Philip SD.	57567
<input checked="" type="checkbox"/> Shar Moses	Secretary	Box 474	204 Prairie Dr.	Philip SD.	57567
<input type="checkbox"/> same as Sec.	Treasurer				

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input checked="" type="checkbox"/> Heath Morrison	Director	Box 774	504 Dupree St.	Philip SD.	57567
	Director				
	Director				

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 5-23-08

Shar Moses
(Signature)
Sec. / Treas.
(Title)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
Fax (605) 773-4550

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, or its registered office _____
_____ ZIP _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another officer.

Dated _____

(Signature)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____

(signature of registered agent)

2009

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

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

FILE DATE 06/17/09
 RECEIPT NO 921699
RECEIVED
JUN 17 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



NS008327
NS008327 JUN/2008
PHILIP SOFTBALL ASSOCIATION, INC.
MOSES, SHAR
204 PRAIRIE DRIVE
PO BOX 474
PHILIP SD 57567-0474

Telephone # 859
 FAX # _____
 FILING DATE: Due during the month
 the Certificate of Incorporation was
 issued, and delinquent after the last
 day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

204 Prairie Drive Philip SD 57567-0474
 Street Address City State ZIP+4
P.O. Box 474 _____
 Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Shar Moses

204 Prairie Drive Philip SD 57567-0474
 Street Address (Required to be a South Dakota Address) City State ZIP+4
P.O. Box 474 _____
 Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three directors.

- Roger O'Connell Box 412 [REDACTED] US Hwy 14 Philip SD 57567-0412
 President Street Address City State ZIP+4
- Craig Weber Box 15 201 Division St. Philip SD 57567-0015
 Vice President Street Address City State ZIP+4
- Shar Moses 204 Prairie Drive Philip SD 57567-0474
 Secretary Street Address City State ZIP+4
- Shar Moses 204 Prairie Drive Philip SD 57567-0474
 Treasurer Street Address City State ZIP+4
- Craig Burns _____
 Director Street Address City State ZIP+4
- _____
 Director Street Address City State ZIP+4
- _____
 Director Street Address City State ZIP+4

Dated 5-28-09

Shar Moses
 (Signature of an authorized officer)
Shar Moses
 (Printed Name)
Sec. / Truag.
 (Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

Street Address (Required)	City	State	ZIP+4
---------------------------	------	-------	-------

Mailing Address (Optional)	City	State	ZIP+4
----------------------------	------	-------	-------

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

306 3891 06/11/2010

2010

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

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

FILE DATE 06/08/10
RECEIPT NO 203155M
RECEIVED
JUN 08 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



NS008327
NS008327 JUN/2009
PHILIP SOFTBALL ASSOCIATION, INC.
MOSES, SHAR
PO BOX 474
PHILIP SD 57567-0474

Telephone # _____
FAX # _____
FILING DATE: Due during the month
the Certificate of Incorporation was
issued, and delinquent after the last
day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

204 Prairie Drive Philip SD. 57567-0474
Street Address City State ZIP+4

P.O. Box 474 Philip
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Shar Moses

204 Prairie Drive Philip S.D.
Street Address (Required to be a South Dakota Address) City State ZIP+4

PO Box 474
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three directors.

Roger O'Connell Box 412 22290 US HWY 14 Philip SD. 57567-0412
President Street Address City State ZIP+4

Craig Weber Box 15 201 Division Street Philip SD 57567-0015
Vice President Street Address City State ZIP+4

Shar Moses Box 474 204 Prairie Dr. Philip SD 57567-0474
Secretary Street Address City State ZIP+4

Shar Moses Box 474 204 Prairie Dr. Philip SD. 57567-0474
Treasurer Street Address City State ZIP+4

Craig Burns
Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

Dated 6-6-10

Shar Moses
(Signature of an authorized officer)

Shar Moses
(Printed Name)

Sec / Treas.
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

322,2625 07/26/2011

2011

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

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

FILE DATE	<u>7/6/11</u>
RECEIPT NO	<u>2168602</u>
RECEIVED	
JUL 06 2011	
S.D. SEC. OF STATE	
Telephone #	_____

1. Corporate Name, Registered Agent Name and Address:



NS008327
NS008327 JUN/2010
PHILIP SOFTBALL ASSOCIATION, INC.
MOSES, SHAR
~~PO BOX 474~~ 23259 SD Hwy 73
PHILIP SD 57567-0474

2. The jurisdiction under whose law it is formed South Dakota

3. The address of the principal executive office in or out of the State of South Dakota.

<u>204 Prairie Drive</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
Street Address	City	State	ZIP+4
<u>23259 SD Hwy 73</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
Mailing Address	City	State	ZIP+4
Email Address	_____		

4. The name of the South Dakota Registered Agent Shar Moses

_____	_____	_____	_____
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
_____	_____	_____	_____
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
_____	_____	_____	_____
Email Address	_____		

5. The names and addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three directors.

<input checked="" type="checkbox"/>	<u>Roger O'Connell</u>	<u>Box 412 22290 US Hwy 14</u>	<u>Philip</u>	<u>SD</u>	<u>57567-0412</u>
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Craig Weber</u>	<u>Box 15 201 Division St.</u>	<u>Philip</u>	<u>SD</u>	<u>57567-0015</u>
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Shar Moses</u>	<u>204 Prairie Dr.</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Shar Moses</u>	<u>204 Prairie Dr.</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Craig Burns</u>	<u>Box 104</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 6-30-11

Shar Moses
(Signature of an Authorized Person)

Email _____

Shar Moses
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____
(Old Registered Agent)

The name of the successor registered agent _____
(New Registered Agent)

3. If listing a Commercial Registered Agent, please state their identification number _____

4. The address of the agent currently on file for this entity (Old Registered Agent Address)

Street Address (Required) _____ City _____ State _____ ZIP+4 _____

Mailing Address _____ City _____ State _____ ZIP+4 _____

5. If the address has changed, list the new registered agent address

Street Address or Rural Route Box Number in This State and _____ City _____ State _____ ZIP+4 _____

Mailing Address in This State, if Different from Street Address _____ City _____ State _____ ZIP+4 _____

Email Address _____

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated _____

(Signature of an Authorized Person)

Email _____

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE 6/7/2012

RECEIPT NO 46119

1. Corporate Name and Address:

NS008327
PHILIP SOFTBALL ASSOCIATION, INC.
204 PRAIRIE DR
PHILIP, SD 57567-6601

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

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

204 PRAIRIE DR	PHILIP	SD	57567-6601
Street Address	City	State	ZIP+4
23259 SD HWY 73	PHILIP	SD	57567-8808
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SHAR MOSES

204 PRAIRIE DRIVE	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 474	PHILIP	SD	57567-0474
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

<input checked="" type="checkbox"/>	ROGER O'CONNELL	BOX 412 22290 US HWY. 14	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CRAIG WEBER	BOX 15 201 DIVISION ST.	PHILIP	SD	57567
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHAR MOSES	23259 SD HWY. 73	PHILIP	SD	57567
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHAR MOSES	23259 SD HWY. 73	PHILIP	SD	57567
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CRAIG BURNS	BOX 104	PHILIP	SD	57567
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 06/07/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

SHAR MOSES

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE 5/21/2013

RECEIPT NO 117889

1. Corporate Name and Address:

NS008327
PHILIP SOFTBALL ASSOCIATION, INC.
204 PRAIRIE DR
PHILIP, SD 57567-6601

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

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

204 PRAIRIE DR	PHILIP	SD	57567-6601
Street Address	City	State	ZIP+4
23259 SD HWY 73	PHILIP	SD	57567-8808
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SHAR MOSES

204 PRAIRIE DRIVE	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 474	PHILIP	SD	57567-0474
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

<input checked="" type="checkbox"/>	ROGER O'CONNELL	BOX 412 22290 US HWY. 14	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CRAIG WEBER	BOX 15 201 DIVISION ST.	PHILIP	SD	57567
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHAR MOSES	23259 SD HWY. 73	PHILIP	SD	57567
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHAR MOSES	23259 SD HWY. 73	PHILIP	SD	57567
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CRAIG BURNS	BOX 104	PHILIP	SD	57567
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 05/21/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

SHAR K MOSES

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE DATE 6/3/2014

RECEIPT NO 206145

1. Corporate Name and Address:

NS008327
PHILIP SOFTBALL ASSOCIATION, INC.
204 PRAIRIE DR
PHILIP, SD 57567-6601

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

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

204 PRAIRIE DR	PHILIP	SD	57567-6601
Street Address	City	State	ZIP+4
23259 SD HWY 73	PHILIP	SD	57567-8808
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SHAR MOSES

204 PRAIRIE DRIVE	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 474	PHILIP	SD	57567-0474
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

<input checked="" type="checkbox"/>	ROGER O'CONNELL	BOX 412 22290 US HWY. 14	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CRAIG WEBER	BOX 15 201 DIVISION ST.	PHILIP	SD	57567
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHAR MOSES	23259 SD HWY. 73	PHILIP	SD	57567
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHAR MOSES	23259 SD HWY. 73	PHILIP	SD	57567
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CRAIG BURNS	BOX 104	PHILIP	SD	57567
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 06/03/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

SHAR K MOSES

(Printed Name)

2015 Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE DATE 6/6/2015

RECEIPT NO 308260

1. Corporate Name and Address:

NS008327
PHILIP SOFTBALL ASSOCIATION, INC.
204 PRAIRIE DR
PHILIP, SD 57567-6601

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

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

204 PRAIRIE DR PHILIP SD 57567-6601
Street Address City State ZIP+4
23259 SD HWY 73 PHILIP SD 57567-8808
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SHAR MOSES
204 PRAIRIE DRIVE PHILIP SD 57567
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 474 PHILIP SD 57567-0474
Mailing Address in This State, if Different from Street Address City State ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

[X] ROGER O'CONNELL BOX 412 22290 US HWY. 14 PHILIP SD 57567
President Street Address City State ZIP+4
[X] CRAIG WEBER BOX 15 201 DIVISION ST. PHILIP SD 57567
Vice President Street Address City State ZIP+4
[X] SHAR MOSES 23259 SD HWY. 73 PHILIP SD 57567
Secretary Street Address City State ZIP+4
[X] SHAR MOSES 23259 SD HWY. 73 PHILIP SD 57567
Treasurer Street Address City State ZIP+4
[X] CRAIG BURNS BOX 104 PHILIP SD 57567
Director Street Address City State ZIP+4
Director Street Address City State ZIP+4
Director Street Address City State ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Dated 06/06/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

SHAR K MOSES

(Printed Name)

2016

Enter Filing Year
 Secretary of State Office
 500 E Capitol Ave
 Pierre, SD 57501
 (605)773-4845

ANNUAL REPORT
DOMESTIC NONPROFIT CORPORATIONS

SDCL 47-24-6; 59-11-24

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE DATE 7/26/2016

RECEIPT NO 439482

1. Corporate ID and Name:

NS008327

Enter Corporate ID

PHILIP SOFTBALL ASSOCIATION, INC.

Enter Corporate Name

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

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

204 PRAIRIE DR	PHILIP	SD	57567-6601
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
23259 SD HWY 73	PHILIP	SD	57567-8808
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SHAR MOSES

204 PRAIRIE DRIVE	PHILIP	SD	57567
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 474	PHILIP	SD	57567-0474
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and addresses of its principal officers and directors (governors). South Dakota Law requires at least three directors.

<input checked="" type="checkbox"/>	ROGER O'CONNELL	BOX 412 22290 US HWY. 14	PHILIP	SD	57567
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	CRAIG WEBER	BOX 15 201 DIVISION ST.	PHILIP	SD	57567
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	SHAR MOSES	23259 SD HWY. 73	PHILIP	SD	57567
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	SHAR MOSES	23259 SD HWY. 73	PHILIP	SD	57567
	Treasurer	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	CRAIG BURNS	BOX 104	PHILIP	SD	57567
	Director	Actual Street Address	City	State	ZIP+4

Director

Actual Street Address

City

State

ZIP+4

Director

Actual Street Address

City

State

ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

SHAR K MOSES

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically.
A fee of up to \$40 will be assessed for returned payments.

7/26/2016 5:59:45 PM