

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

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 9-8-93
RECEIPT NO. 337138

RECEIVED
SEP 8 1993

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-007259 SEP/90
SOUTH DAKOTA SWIMMING, INC.

~~JOHNSON, VERONICA~~ Jon E. Arneson
~~PO BOX 57102~~ 101 S. Main, #413

~~PIERRE, SD 57501-5077~~

Sioux Falls, SD
57102

ay Time Phone # _____

ederal Identification # _____

ING DATE: Due during the month the
ertificate 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 competitive swimming

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 \$ 20,000.00

* 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>Jon Arneson</u>	President	<u>101 S. Main, #413</u>	<u>Sioux Falls,</u>	<u>SD</u>	<u>57102</u>
<u>Walda Benker</u>	Vice President	<u>1734 S. Frank</u>	<u>Huron,</u>	<u>SD</u>	<u>57350</u>
<u>Shirley Burgers</u>	Secretary	<u>600 Annway Drive</u>	<u>Sioux Falls,</u>	<u>SD</u>	<u>57103</u>
<u>Mary Dietrich</u>	Treasurer	<u>4533 S. Canyon Rd.</u>	<u>Rapid City,</u>	<u>SD</u>	<u>57702</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>Jon Arneson</u>	Director	<u>101 S. Main, #413</u>	<u>Sioux Falls,</u>	<u>SD</u>	<u>57102</u>
<u>Walda Benker</u>	Director	<u>1734 S. Frank</u>	<u>Huron,</u>	<u>SD</u>	<u>57350</u>
<u>Mary Dietrich</u>	Director	<u>4533 S. Canyon Rd.</u>	<u>Rapid City,</u>	<u>SD</u>	<u>57702</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 1993

By
(Signature)

Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF MINNEHAHA ss

I, Brenda King, a notary public, do hereby certify that on this 30th day of August, 1993,

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

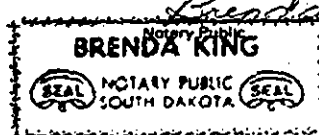
President of South Dakota Swimming, Inc.

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

My Commission Expires

My Commission Expires 9/25/99

(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

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 South Dakota Swimming, Inc.
2. The current street address, or a statement that there is no street address, of its registered office 409 Spruce, Yankton, SD ZIP 57078
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 101 S. Main, 413
Sioux Falls, SD ZIP 57102
4. The name of its previous registered agent is Veronica Johnson
5. The name of its successor (current) registered agent is Jon E. Arneson
* 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 8/30/93

19

(Signature)

President

(title)

STATE OF SOUTH DAKOTA

COUNTY OF MINNEHAHA

I, Brenda King, a notary public, do hereby certify that on this 30th day of August 19 93, personally appeared before me Jon E. Arneson who, being by me first duly sworn, declared that he/she is the President of South Dakota Swimming, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires

My Commission Expires 9/25/99

(Notarial Seal)

Notary Public

BRENDA KING



NOTARY PUBLIC
SOUTH DAKOTA



CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Jon E. Arneson, hereby give my consent to serve as the
(name of registered agent)
registered agent for South Dakota Swimming, Inc.
(corporate name)

Dated August 30

24/93

(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.

1. The name of the corporation is South Dakota Swimming, Inc.
2. The current street address, or a statement that there is no street address, of its registered office 409 Spruce, Yankton, SD ZIP 57078
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 101 S. Main, #413
Sioux Fall, SD ZIP 57102
4. The name of its previous registered agent is Veronica Johnson
5. The name of its successor (current) registered agent is * Jon E. Arneson
* 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 93 Jon E. Arneson
(signature)
President
(title)

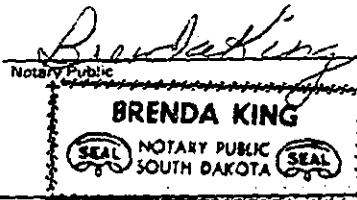
STATE OF SOUTH DAKOTA
COUNTY OF MINNEHABA ss

I, Brenda King, a notary public, do hereby certify that on this 30th day of August 19 93, personally appeared before me Jon E. Arneson who, being by me first duly sworn, declared that he/she is the President of South Dakota Swimming, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires

My Commission Expires 9/25/93

(Notarial Seal)



CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Jon E. Arneson, hereby give my consent to serve as the
(name of registered agent)
registered agent for South Dakota Swimming, Inc.
(corporate name)

Dated August 30 19 93

Jon E. Arneson
(signature)

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

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 9-8-93
RECEIPT NO. 55713X

RECEIVED

SEP 8 1993

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-007259 SEP/90

SOUTH DAKOTA SWIMMING, INC.

~~JOHN ARNESON~~ ~~VERONICA~~ Jon E. Arneson

~~101 S. Main, #413~~ 101 S. Main, #413

~~Sioux Falls, SD~~ Sioux Falls, SD

~~57102~~ 57102

Telephone # _____

Federal Identification # _____

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 competitive swimming
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 \$ 20,000.00
* 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>Jon Arneson</u>	President	<u>101 S. Main, #413</u>	<u>Sioux Falls,</u>	<u>SD</u>	<u>57102</u>
<u>Walda Benker</u>	Vice President	<u>1734 S. Frank</u>	<u>Huron,</u>	<u>SD</u>	<u>57350</u>
<u>Shirley Burgers</u>	Secretary	<u>600 Annway Drive</u>	<u>Sioux Falls,</u>	<u>SD</u>	<u>57103</u>
<u>Mary Dietrich</u>	Treasurer	<u>4533 S. Canyon Rd.</u>	<u>Rapid City,</u>	<u>SD</u>	<u>57702</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>Jon Arneson</u>	Director	<u>101 S. Main, #413</u>	<u>Sioux Falls,</u>	<u>SD</u>	<u>57102</u>
<u>Walda Benker</u>	Director	<u>1734 S. Frank</u>	<u>Huron,</u>	<u>SD</u>	<u>57350</u>
<u>Mary Dietrich</u>	Director	<u>4533 S. Canyon Rd.</u>	<u>Rapid City,</u>	<u>SD</u>	<u>57702</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 8/30/93
DMH 4013RB

By [Signature]
(Signature)

Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF MINNEAPOLIS

I, Brenda King, a notary public, do hereby certify that on this 30th day of August, 1993.

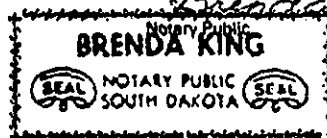
personally appeared before me Jon Arneson, who, being by me first duly sworn, declared that he/she is the President of South Dakota Swimming, Inc.

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

My Commission Expires _____

My Commission Expires 9/25/99

(Notarial Seal)



Receipt No. 337128

Filed at Request of

File No. NS-007259

JON E ARNESON
101 S MAIN #413
STIOUX FALLS SD 57102

STATEMENT OF CHANGE

OF REGISTERED AGENT AND ADDRESS OF
SOUTH DAKOTA SWIMMING, INC.

State of South Dakota

Office of Secretary of State

ss.

Filed in the office of the Secretary of State on

the 8 day of Sept 1993.

David Magelton

Secretary of State

By _____
Deputy

Fee Received \$5.

P2

1996
RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

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 11-1-96
RECEIPT NO. 582134

1. Corporate Name, Registered Agent and Registered Address:
NS-007259
SOUTH DAKOTA SWIMMING, INC.
ARNESON, JON E.
101 S MAIN #413
SIOUX FALLS, SD 57102-1126

Day Time Phone # 605-642-2722
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 promoting swimming
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
Randy Sachau	President	1440 North 10th	Spearfish	SD	57783
Dave Wicks	Vice President	PO Box 1081	Watertown	SD	57201
Karen Muller	Secretary	PO Box 225	Spearfish	SD	57783
Kelsey Alexander	Treasurer	PO Box 534	Custer	SD	57730

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 |
|--------------|----------|-----------------|-----------|-------|-------|
| Randy Sachau | Director | 1440 North 10th | Spearfish | SD | 57783 |
| Dave Wicks | Director | PO Box 1081 | Watertown | SD | 57201 |
| Karen Muller | Director | PO Box 225 | Spearfish | SD | 57783 |
- Report must be signed by the chairman of the board of directors, or its
statutory public.
- October 29, 19 96
South Dakota
Lawrence

SECRETARY OF STATE
STATE CAPITOL
600 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 South Dakota Swimming Inc. ZIP 57102-1126
2. The previous registered office address: 101 South Main, #413, Sioux Falls, SD 57102-1126 ZIP 57102
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. 1240 North 10th, Spearfish, SD 57783 ZIP 57783

4. The name of its previous registered agent is Jon E. Arneson
5. The name of its successor (current) registered agent is Randy Sachau
 - * 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 October 19 19 96

STATE OF South Dakota
COUNTY OF Lawrence
Eva Waldrop

I, Eva Waldrop
of October

do hereby certify that on
19 96 personally appeared before me
as officer of the corporation, and the statements therein contained are true

Karen Muller
(signature) Secretary
Title) Secretary
A notary public, do hereby certify that on
19 96 personally appeared before me Karen Muller
Secretary
of the corporation named
in the foregoing statement

31201

SD

57783

president, or any other officer in the presence
of _____

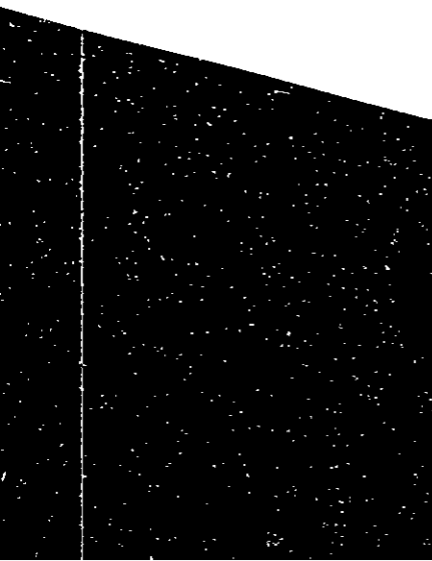
must be signed in the presence of a notary

Notary

on this 29th day of October 1996,
being by me first duly sworn, declared that he/she is the

and signed the foregoing document as officer of

ib/c



(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTRAR

I, Randy Sachau

(name of registered agent)

registered agent for South Dakota Swimming, Inc.

(corporate name)

Dated October 31 1996

(signature)

9610194-8070
12/18/96

Attachment to
"Statement of Change of Registered Office or Registered Agent , or Both"
South Dakota Swimming

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 October 31, 1996

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

General Chairman
(title)

STATE OF SOUTH DAKOTA
COUNTY OF LAWRENCE ss

I, Judy A. Schreiber, a notary public, do hereby certify that on this 31st day of October, 1996, personally appeared before me G. Randy Sachau who, being by me first duly sworn, declared that he is the General Chairman of the corporation named above, signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires October 24, 2004 [Signature]
Notary Public

Judy A. Schreiber, Notary Public
Lawrence County, South Dakota
My Commission Expires October 24, 2004

(Notarial Seal)



224 0519
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

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 10-23-03
RECEIPT NO. 1256536
RECEIVED
OCT 23 '03
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

2002

South Dakota Swimming
David Margheim
PO Box 983
Mitchell, SD 57301

Day Time Phone # 605-996-2640

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 IN NUMBER ONE, 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 non-profit activities relating to promotion & business of swimming in SD.

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 \$ 33,041.00

* 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>Duncan Olney</u>	President	<u>4020 Canyon Dr</u>	<u>Rapid City</u>	<u>SD</u>	<u>57702</u>
<u>Jack Robbins</u>	Vice President	<u>26520 482nd Ave</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57005</u>
<u>Mark Gjernes</u>	Secretary	<u>1718 5 8th St.</u>	<u>Aberdeen</u>	<u>SD</u>	<u>57401</u>
<u>David Margheim</u>	Treasurer	<u>624 Mitchell Blvd</u>	<u>Mitchell</u>	<u>SD</u>	<u>57301</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>Duncan Olney</u>	Director	<u>4020 Canyon Dr</u>	<u>Rapid City</u>	<u>SD</u>	<u>57702</u>
<u>Jack Robbins</u>	Director	<u>26520 482nd Ave</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57005</u>
<u>Mark Gjernes</u>	Director	<u>1718 5 8th St.</u>	<u>Aberdeen</u>	<u>SD</u>	<u>57401</u>
<u>David Margheim</u>		<u>624 Mitchell Blvd</u>	<u>Mitchell</u>	<u>SD</u>	<u>57301</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 10-22-03

STATE OF SD

COUNTY OF Rayson

On this the 22nd day of Oct, 20 03, before me,

personally appeared David Margheim

to be the Treasurer

instrument and acknowledged to me that such corporation executed the same.

6/9/2007
My Commission Expires

(Notarial Seal)

David Margheim
(Signature)
Treasurer

(Title)

Glenda Mikuska

known to me, or proved to me,
of the corporation that is described in and that executed the within

Glenda Mikuska
(Notary Public)

1870-1871

1870-1871

224 0520 10/28/2003

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

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE,
OR REGISTERED AGENT, OR BOTH
FILING FEE: \$5

RECEIVED
OCT 23 2003

OCT 23 2003
SD SEC. OF STATE

N5007259

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following 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 South Dakota Swimming
2. The previous street address, or a statement that there is no street address, of its registered office
1440 North 10th Spearfish SD ZIP 57321
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is
PO Box 983, 624 Mitchell Blvd.
Mitchell SD ZIP 57321
4. The name of its previous registered agent is Randy Sachau
5. The name of its successor registered agent is * David Margheim

Filed this 23rd day of Oct. 2003
John Nelson
SECRETARY OF STATE

* 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 public.

Date 10-22-03

David Margheim
(Signature)
Treasurer
(Title)

STATE OF SD
COUNTY OF DAVISON

I, David Margheim, a notary public, do hereby certify that on this 22 day of Oct, 20 03, personally appeared before me David Margheim who, being by me first duly sworn, declared that he/she is the Treasurer of South Dakota Swimming, that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

6/1/2007
My Commission Expires

Glenda Mikiuska
(Notary Public)

Notarial Seal

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for South Dakota Swimming
(corporate name)

Dated 10-22-03

David Margheim
(signature of registered agent)

100
100
100

100
100
100

224 0518 10-23-03

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

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 10-23-03
RECEIPT NO. 1256536
RECEIVED
OCT 23 '03
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

South Dakota Swimming
David Margheim
PO Box 983
Mitchell, SD 57301

Day Time Phone # 605-996-2640

Federal Identification # 31-1012962

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
IN NUMBER ONE, 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 nonprofit activities relating
to promotion of swimming in S.D.
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 \$ 1999 - 20194.24
- * 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>Tom Pokela</u>	President	<u>Box 1102</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57101</u>
<u>Jack Robbins</u>	Vice President	<u>1220 Euclid Ave</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57501</u>
<u>Mark Gjernes</u>	Secretary	<u>1718 S 8th</u>	<u>Aberdeen</u>	<u>SD</u>	<u>57401</u>
<u>David Margheim</u>	Treasurer	<u>624 Mitchell Blvd</u>	<u>Mitchell</u>	<u>SD</u>	<u>57301</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>Tom Pokela</u>	Director	<u>Box 1102</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57101</u>
<u>Jack Robbins</u>	Director	<u>1220 Euclid Ave</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57501</u>
<u>Mark Gjernes</u>	Director	<u>1718 S 8th</u>	<u>Aberdeen</u>	<u>SD</u>	<u>57401</u>
<u>David Margheim</u>		<u>624 Mitchell Blvd</u>	<u>Mitchell</u>	<u>SD</u>	<u>57301</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 10-22-03

STATE OF S.D.
COUNTY OF Davison

On this the 22 day of Oct, 20 03, before me,

personally appeared David Margheim
to be the Treasurer
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 6/7/2007

(Notarial Seal)

David Margheim
(Signature)

Treasurer
(Title)

Glenda Mikuska

known to me, or proved to me,
of the corporation that is described in and that executed the within

Glenda Mikuska
(Notary Public)

...and the fact that the *in vitro* and *in vivo* results are in good agreement.

The map shows the northern Adriatic Sea with the coastlines of Italy and Slovenia. Sampling stations are marked with numbers 1 through 10. Station 1 is near the Italian coast, while stations 2-10 are further out in the sea. The map includes latitude lines (45°N, 46°N) and longitude lines (13°E, 14°E). A scale bar indicates distances from 0 to 100 km.

[illegible]

230 1848 09/01/2004

2004**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

Corporate Name, Registered Agent and Registered Address:



NS007259 SEP/2002
 SOUTH DAKOTA SWIMMING, INC.
 MARGHEIM, DAVID
 624 MITCHELL BLVD
 PO BOX 983
 MITCHELL SD 57301-0983

Day Time Phone # 605-996-2640

Federal Taxp: _____

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

FILE DATE 9/1/04
 RECEIPT NO. 35481

RECEIVED

RECEIVED

AUG 31 '04

AUG 25 '04

S.D. SEC. OF STATE

S.D. SEC. OF STATE

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 non profit activities of USA swimming in the state of South Dakota. Includes the promotion & conducting of swimming meets.
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 \$ 38,721.00
- * 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>Percy Verbrugge</u>	President	<u>2802 W 41st St.</u>	<u>SIOUX Falls</u>	<u>SD</u>	<u>57105</u>
<u>Jack Robbins</u>	Vice President	<u>26520 482nd Ave</u>	<u>SIOUX Falls</u>	<u>SD</u>	<u>57005</u>
<u>Jodee Hadley</u>	Secretary	<u>1820 Olwien St.</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>
<u>David Margheim</u>	Treasurer	<u>624 Mitchell Blvd</u>	<u>Mitchell</u>	<u>SD</u>	<u>57301</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>Percy Verbrugge</u>	Director	<u>2802 W 41st St.</u>	<u>SIOUX Falls</u>	<u>SD</u>	<u>57105</u>
<u>Jack Robbins</u>	Director	<u>26520 482nd Ave</u>	<u>SIOUX Falls</u>	<u>SD</u>	<u>57005</u>
<u>David Margheim</u>	Director	<u>624 Mitchell Blvd</u>	<u>Mitchell</u>	<u>SD</u>	<u>57301</u>

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

Dated 8-23-04

(Signature)

(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)

241 3302 10/06/2005

2005 NONPROFIT REPORT

FILE DATE 09/29/05
RECEIPT NO. 1480796

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

SEP 29 '05

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



NS007259 SEP/2004
SOUTH DAKOTA SWIMMING, INC.
MARGHEIM, DAVID
624 MITCHELL BLVD
PO BOX 983
MITCHELL SD 57301-0983

Day Time Phone # 605-996-2640
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 for all non-profit activities of USA swimming in the state of South Dakota. This includes the promotion and conducting of year round swimming meets.

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 \$ _____

* 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>Percy Verbrugge</u>	<u>President</u>	<u>5306 E Popple Place</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57101</u>
<u>Janice Miller</u>	<u>Vice President</u>	<u>902 N Penn St</u>	<u>Aberdeen</u>	<u>SD</u>	<u>57401</u>
<u>Jodee Hadley</u>	<u>Secretary</u>	<u>1820 Olvian St.</u>	<u>Brookings</u>	<u>SD</u>	<u>57006</u>
<u>David Margheim</u>	<u>Treasurer</u>	<u>624 Mitchell Blvd</u>	<u>Mitchell</u>	<u>SD</u>	<u>57301</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>Percy Verbrugge</u>	<u>Director</u>	<u>Same as above</u>			
<u>Janice Miller</u>	<u>Director</u>				
<u>Jodee Hadley</u>					
<u>David Margheim</u>	<u>Director</u>				

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

Dated 9-27-05

David Margheim
(Signature)

Treasurer
(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)

2006 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 03/23/07
RECEIPT NO. 1664520

P RECEIVED
MAR 23 2007

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



NS007259 SEP/2005
SOUTH DAKOTA SWIMMING, INC.
MARGHEIM, DAVID
624 MITCHELL BLVD
PO BOX 983
MITCHELL SD 57301-0983

Day Time Phone # 605-996-2640
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 for all nonprofit activities of USA swimming in the state of South Dakota. This includes the promotion and conducting of year round swimming meets.

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"/> Scott Graft	President	2120 S 15 th Ave	Sioux Falls	SD	57105
<input checked="" type="checkbox"/> Todd Knutson	Vice President	20073 Ridgely Loop	Spartanburg	SD	57783
<input checked="" type="checkbox"/> Norm Bouwens	Secretary	412 W 16 th St.	Sioux Falls	SD	57104
<input checked="" type="checkbox"/> David Margheim	Treasurer	624 Mitchell Blvd.	Mitchell	SD	57301

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"/> Same as above	Director	Same as above			
	Director				
	Director				

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

Dated 3-21-07

David Margheim
(Signature)

Treasurer
(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)

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

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILE DATE 10/22/07
RECEIPT NO. 1535171
RECEIVED
OCT 22 2007
S.D. SEC. OF STATE

2007

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:

South Dakota Swimming, Inc.
Sarah Hogg
523 Camelot Drive
Aberdeen, SD 57401

NS007259

Day Time Phone # 605-229-8617

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
IN NUMBER ONE, 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 for all nonprofit activities of USA Swimming in
the State of South Dakota. This includes the promotion and conducting of year round swim meets.

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"/> Scot Graff	President	2120 S 1st Ave,	Sioux Falls,	SD	57105
<input checked="" type="checkbox"/> Todd Knutson	Vice President	20073 Ridgefield Loop,	Spearfish,	SD	57783
<input checked="" type="checkbox"/> Norm Bouwens	Secretary	412 W. 16th Street,	Sioux Falls,	SD	57104
<input checked="" type="checkbox"/> Sarah J. Hogg	Treasurer	103 15th Ave NE,	Aberdeen,	SD	57401

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"/> Same as Above	Director				
	Director				
	Director				

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

Dated 10-19-07

Sarah Hogg
(Signature)

Treasurer
(Title)

268-1364 10/29/2007

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

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE,
OR REGISTERED AGENT, OR BOTH
FILING FEE: \$5

ursuant 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 South Dakota Swimming, Inc.
2. The previous street address of its registered office _____
624 Mitchell Blvd, Mitchell, SD ZIP 57301
3. The street address to which the registered office is to be changed is _____
523 Camelot Drive
Aberdeen, SD ZIP 57401
4. The name of its previous registered agent is David Margheim
5. The name of its successor registered agent is * Sarah J. Hogg

* 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.

Date 10-19-07

Sarah J. Hogg
(Signature)

Treasurer
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Sarah J. Hogg, hereby give my consent to serve as the
(name of registered agent)

registered agent for South Dakota Swimming, Inc.
(corporate name)

Dated 10-19-07

Sarah J. Hogg
(signature of registered agent)

2008

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

9-30-08

RECEIPT NO

1838379

RECEIVED

SEP 30 2008

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



NS007259
NS007259 SEP/2007
SOUTH DAKOTA SWIMMING, INC.
HOGG, SARAH J
523 CAMELOT DRIVE
ABERDEEN SD 57401-0983

Telephone #

605-229-8617

FAX #

605-229-8916

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.

523 Camelot Dr Aberdeen SD 57401
Street Address City State ZIP+4

Same
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Sarah J. Hogg

523 Camelot Dr. Aberdeen SD 57401
Street Address (Required to be a South Dakota Address) City State ZIP+4

Same
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.

☒ Doug Ladenburger 2908 S. Bellepine Circle Sioux Falls SD 57103
President Street Address City State ZIP+4

☒ Todd Knutson 20073 Ridgefield Loop Spearfish SD 57783
Vice President Street Address City State ZIP+4

☒ Norm Bouwens 412 W. 16th St. Sioux Falls SD 57104
Secretary Street Address City State ZIP+4

☒ Sarah J. Hogg 103 15th Ave NE Aberdeen SD 57401
Treasurer Street Address City State ZIP+4

☐
Director Street Address City State ZIP+4

☐
Director Street Address City State ZIP+4

☐
Director Street Address City State ZIP+4

Dated 9-29-08

(Signature of an authorized officer)

(Printed Name)

(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)

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

1. Corporate Name, Registered Agent Name and Address:



NS007259
NS007259 SEP/2008
SOUTH DAKOTA SWIMMING, INC.
HOGG, SARAH J
523 CAMELOT DR
ABERDEEN SD 57401-3231

FILE DATE 10/01/09

RECEIPT NO 1955177

S.D. SEC. OF STATE

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.

523 Camelot Dr. Aberdeen SD 57401
Street Address City State ZIP+4

Same
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Sarah J. Hogg

523 Camelot Dr Aberdeen SD 57401
Street Address (Required to be a South Dakota Address) City State ZIP+4

Same
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.

☒ Doug Ladenburger 2908 S. Bellepine Circle Sioux Falls SD 57103
President Street Address City State ZIP+4

☒ Bill Stoddard 310 W 21st St. Sioux Falls SD 57105
Vice President Street Address City State ZIP+4

☒ Norm Bouwens 412 W 16th St. Sioux Falls SD 57104
Secretary Street Address City State ZIP+4

☒ Sarah Hogg 103 15th Ave NE Aberdeen SD 57401
Treasurer Street Address City State ZIP+4

☐
Director Street Address City State ZIP+4

☐
Director Street Address City State ZIP+4

☐
Director Street Address City State ZIP+4

Dated 9-30-09

Sarah J. Hogg
(Signature of an authorized officer)

Sarah J. Hogg
(Printed Name)

Treasurer
(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)

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 12/01/10
RECEIPT NO 2572875

RECEIVED**OCT 01 2010****S.D. SEC. OF STATE**

1. Corporate Name, Registered Agent Name and Address:



NS007259 SEP/2009
SOUTH DAKOTA SWIMMING, INC.
HOGG, SARAH J
523 CAMELOT DR
ABERDEEN SD 57401-3231

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 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.

1910 8th Ave NE Aberdeen SD 57401
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Sarah J. Hogg

1910 8th Ave NE Aberdeen SD 57401
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

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 directors.

☒ Jon Sommervold 2409 S 2nd Ave Sioux Falls SD 57105-3910
President Street Address City State ZIP+4

☐ vacant
Vice President Street Address City State ZIP+4

☒ Carolyn Theobald 22448 294th Ave Fl. Pierre SD 57532
Secretary Street Address City State ZIP+4

☒ Sarah Hogg 103 1st Ave NE Aberdeen SD 57401
Treasurer Street Address City State ZIP+4

☐
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 respect. Any violation is subject to a civil penalty.

Dated 9-30-10

Sarah J. Hogg
(Signature of an Authorized Person)

Sarah J. Hogg
(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 South Dakota Swimming, Inc.

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

523 Camelot Drive Aberdeen SD 57401
Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

1910 8th Ave NE Aberdeen SD 57401
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.

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

Dated 9-30-10

Sarah J. Hogg
(Signature of an Authorized Person)
Sarah J. Hogg
(Printed Name)

2011

Enter Filing Year

ANNUAL REPORT

FILE DATE 11/08/2011

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

RECEIPT NO 6643

1. Corporate Name and Address:

NS007259

SOUTH DAKOTA SWIMMING, INC.

1910 8TH AVE NE

ABERDEEN, SD57401-3207

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

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

1910 8TH AVE NE

Street Address

ABERDEEN

City

SD

State

57401-3207

ZIP+4

Mailing Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

SARAH J HOGG

1910 8TH AVE NE

Street Address or Rural Route Box Number in This State and

ABERDEEN

City

SD

State

57401-3207

ZIP+4

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.



JON SOMMERVOLD

President

2409 S 2ND AVE

Street Address

SIOUX FALLS

City

SD

State

57105

ZIP+4



RUSS MILLER

Vice President

5813 KAREN DRIVE

Street Address

SIOUX FALLS

City

SD

State

57106

ZIP+4



CAROLYN THEOBALD

Secretary

22448 294TH AVE

Street Address

FT. PIERRE

City

SD

State

57532

ZIP+4



SARAH HOGG

Treasurer

103 15TH AVE NE

Street Address

ABERDEEN

City

SD

State

57401

ZIP+4



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 11/08/2011

Signature Accepted Electronically

(Signature of an Authorized Person)

SARAH J HOGG

(Printed Name)

11/8/2011 12:33:42PM

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 9/28/2012

RECEIPT NO 66239

1. Corporate Name and Address:

NS007259
SOUTH DAKOTA SWIMMING, INC.
1910 8TH AVE NE
ABERDEEN, SD 57401-3207

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

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

1910 8TH AVE NE	ABERDEEN	SD	57401-3207
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
-----------------	------	-------	-------

4. The name of the South Dakota Registered Agent

Agent Name: SARAH J HOGG

1910 8TH AVE NE	ABERDEEN	SD	57401-3207
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
---	------	-------	-------

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"/>	JON SOMMERVOLD	2409 S 2ND AVE	SIOUX FALLS	SD	57105
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	RUSS MILLER	5813 KAREN DRIVE	SIOUX FALLS	SD	57106
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CAROLYN THEOBALD	22448 294TH AVE	FT. PIERRE	SD	57532
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SARAH HOGG	103 15TH AVE NE	ABERDEEN	SD	57401
	Treasurer	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
<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 09/28/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

SARAH J HOGG

(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 9/26/2013

RECEIPT NO 142142

1. Corporate Name and Address:

NS007259
SOUTH DAKOTA SWIMMING, INC.
1910 8TH AVE NE
ABERDEEN, SD 57401-3207

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

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

1910 8TH AVE NE	ABERDEEN	SD	57401-3207
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
-----------------	------	-------	-------

4. The name of the South Dakota Registered Agent

Agent Name: SARAH J HOGG

1910 8TH AVE NE	ABERDEEN	SD	57401-3207
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
---	------	-------	-------

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"/>	JON SOMMERVOLD	2409 S 2ND AVE	SIOUX FALLS	SD	57105
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	RUSS MILLER	5813 KAREN DRIVE	SIOUX FALLS	SD	57106
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CAROLYN THEOBALD	22448 294TH AVE	FT. PIERRE	SD	57532
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SARAH HOGG	103 15TH AVE NE	ABERDEEN	SD	57401
	Treasurer	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
<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 09/26/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

SARAH J HOGG

(Printed Name)

2014

Enter Filing Year

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE DATE 9/24/2014

RECEIPT NO 234205

1. Corporate Name and Address:

NS007259
SOUTH DAKOTA SWIMMING, INC.
1823 VICTORY STREET
BROOKINGS, SD 57006

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

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

Agent Name: SARAH J HOGG

1910 8TH AVE NE	ABERDEEN	SD	57401-3207
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
---	------	-------	-------

4. If the address has changed, its new address.

New Agent Name: ROBIN R SORBE

1823 VICTORY STREET	BROOKINGS	SD	57006
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
---	------	-------	-------

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 09/24/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

ROBIN R SORBE

(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 9/24/2014

RECEIPT NO 234205

1. Corporate Name and Address:

NS007259
SOUTH DAKOTA SWIMMING, INC.
1823 VICTORY STREET
BROOKINGS, SD 57006

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

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

1823 VICTORY STREET BROOKINGS SD 57006

Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ROBIN R SORBE

1823 VICTORY STREET BROOKINGS SD 57006

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

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.

☒ BLAKE WADDELL 700 EAST 4TH AVE MITCHELL SD 57301

President Street Address City State ZIP+4

☒ RUSS MILLER 5813 KAREN DRIVE SIOUX FALLS SD 57106

Vice President Street Address City State ZIP+4

☐ Director Street Address City State ZIP+4

☐ Director Street Address City State ZIP+4

☒ CAROLYN THEOBALD 22448 294TH AVE FT. PIERRE SD 57532

Secretary Street Address City State ZIP+4

☒ ROBIN R SORBE 1823 VICTORY STREET BROOKINGS SD 57006

Treasurer 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 09/24/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

ROBIN R SORBE

(Printed Name)

9/24/2014 3:45:35 PM

2015

Enter Filing Year

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

ANNUAL REPORT
DOMESTIC NONPROFIT
SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

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

FILE DATE 7/20/2015

RECEIPT NO 320775

Telephone # _____

1. Corporate Name and Address:

NS007259

SOUTH DAKOTA SWIMMING, INC.

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

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

1823 VICTORY STREET BROOKINGS SD 57006

Actual Street Address or Rural Route Box Number City State ZIP+4

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

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: ROBIN R SORBE

1823 VICTORY STREET BROOKINGS SD 57006

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

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

Email Address (Optional)

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"/>	BLAKE WADDELL	700 EAST 4TH AVE	MITCHELL	SD	57301
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	RUSS MILLER	5813 KAREN DRIVE	SIOUX FALLS	SD	57106
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	CAROLYN THEOBALD	22448 294TH AVE	FT. PIERRE	SD	57532
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	ROBIN R SORBE	1823 VICTORY STREET	BROOKINGS	SD	57006
	Treasurer	Actual Street Address	City	State	ZIP+4

☐

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.

Dated 07/20/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email

(Optional)

ROBIN R SORBE

(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.

7/20/2015 9:18:29 PM

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 8/4/2016

RECEIPT NO 442306

1. Corporate ID and Name:

NS007259

Enter Corporate ID

SOUTH DAKOTA SWIMMING, 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).

1823 VICTORY STREET

BROOKINGS

SD

57006

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

Mailing Address, if Different from Street Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

ROBIN R SORBE

1823 VICTORY STREET

BROOKINGS

SD

57006

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

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.



BLAKE WADDELL

700 EAST 4TH AVE

MITCHELL

SD

57301

President

Actual Street Address

City

State

ZIP+4



ROBIN R SORBE

1823 VICTORY STREET

BROOKINGS

SD

57006

Treasurer

Actual Street Address

City

State

ZIP+4



Director

Actual Street Address

City

State

ZIP+4



Director

Actual Street Address

City

State

ZIP+4



Director

Actual Street Address

City

State

ZIP+4



SARAH HOGG

103 15TH AVE NE

ABERDEEN

SD

57401

Vice President

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 08/04/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

ROBIN R SORBE

(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.

8/4/2016 12:36:26 PM