

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **812408** (3)
 1. Corporation Name:
H. B. FULLER, COMPANY



Principal Place of Business: **2400 ENERGY PARK DR ST PAUL MINNESOTA 55108**
 Mailing Address: **1200 COUNTY RD. "E" WEST ARDEN HILLS N 55112 US**

2. Principal Place of Business: 21 State Apt. #, etc. 22 City & State 23 Zip 24 Country 25
 2a. Mailing Address: 26 State Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **12/18/1957**
 3a. Date of Last Report: **04/26/1995**
 4. FEI Number: **41-0268370**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
 10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.005, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SVP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEBER, W		1.2 NAME	
STREET ADDRESS: 6033 SARGENT CT N		1.3 STREET ADDRESS	
CITY-STATE-ZIP: WHITE BEAR LAKE MN		1.4 CITY-STATE-ZIP	
TITLE: CEO	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ANDERSEN, A. L.		2.2 NAME	
STREET ADDRESS: 3183 LEXINGTON AVE N		2.3 STREET ADDRESS	
CITY-STATE-ZIP: ST. PAUL MN		2.4 CITY-STATE-ZIP	
TITLE: COO	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KISSLING, W		3.2 NAME	
STREET ADDRESS: 23 ORIOLE LN		3.3 STREET ADDRESS	
CITY-STATE-ZIP: NORTH OAKS MN		3.4 CITY-STATE-ZIP	
TITLE: VPT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BALANOS, J. W		4.2 NAME	
STREET ADDRESS: 2 DORAL RD		4.3 STREET ADDRESS	
CITY-STATE-ZIP: DELLWOOD MN		4.4 CITY-STATE-ZIP	
TITLE: SVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RAY SR., J. T.		5.2 NAME	
STREET ADDRESS: 4 WISHBONE LANE		5.3 STREET ADDRESS	
CITY-STATE-ZIP: NORTH OAKS MN		5.4 CITY-STATE-ZIP	
TITLE: VAS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MITAU, L R		6.2 NAME	
STREET ADDRESS: 1908 GIRARD AVE S		6.3 STREET ADDRESS	
CITY-STATE-ZIP: MINNEAPOLIS MN		6.4 CITY-STATE-ZIP	
		7.1 TITLE	
		7.2 NAME	
		7.3 STREET ADDRESS	
		7.4 CITY-STATE-ZIP	
		8.1 TITLE	
		8.2 NAME	
		8.3 STREET ADDRESS	
		8.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/96)