

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

FILED

Apr 29 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # 812408

1. Corporation Name
 H. B. FULLER Company

Principal Place of Business 2400 ENERGY PARK DR ST PAUL, MN 55108	Mailing Address 1200 County Rd 'E' WEST ARDEN HILLS, MN 55112
---	---

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

3. Date incorporated or Qualified 12/18/1957	3a. Date of Last Report 4/26/94
4. FEI Number 41-0248370	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required <input type="checkbox"/>
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees <input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 ZIP

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO/PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kissling W	1.2 NAME	
STREET ADDRESS	23 ORIOLE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH OAKS, MN	1.4 CITY-ST-ZIP	
TITLE	CFO/TREASURER <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLANOS, JW	2.2 NAME	
STREET ADDRESS	2 DORAL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELLWOOD MN	2.4 CITY-ST-ZIP	
TITLE	SENIOR VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY JR, JT	3.2 NAME	
STREET ADDRESS	4 WISHBONE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH OAKS, MN	3.4 CITY-ST-ZIP	
TITLE	CONTROLLER <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKI, D	4.2 NAME	
STREET ADDRESS	4602 OAK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA, MN	4.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER R	6.2 NAME	
STREET ADDRESS	2444 W 24th ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN	6.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8.2 NAME	
STREET ADDRESS		8.3 STREET ADDRESS	900002164879
CITY-ST-ZIP		8.4 CITY-ST-ZIP	-05/02/97--01117--003 ***165.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 119.07(3)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: David Maki DAVID MAKI 4/25/97 (612) 481-4719
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)