

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90021 047 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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 N 55112 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200 Willow Lake Blvd	2a. Mailing Address 26 C/O TAX DEPT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PO Box 64683
City & State 23 ST PAUL MN	City & State 28 ST PAUL MN
Zip 24 55110	Country 25 Ramsey
Country 29 Ramsey	Zip 30 55164-0083

3. Date Incorporated or Qualified 12/18/1957	4. FEI Number 41-0268370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current 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
	85 Zip Code

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	CEOP <input checked="" type="checkbox"/> DELETE
NAME	KISSLING, W
STREET ADDRESS	23 ORIOLE LANE
CITY-ST-ZIP	NORTH OAKS MN
TITLE	CFOT <input type="checkbox"/> DELETE
NAME	BOLANOS, JW
STREET ADDRESS	2 DORAL ROAD
CITY-ST-ZIP	DELLWOOD MN
TITLE	SVP <input type="checkbox"/> DELETE
NAME	RAY, JT JR
STREET ADDRESS	4 WISHBONE LANE
CITY-ST-ZIP	NORTH OAKS MN
TITLE	C <input type="checkbox"/> DELETE
NAME	MAKI, D
STREET ADDRESS	4602 OAK DRIVE
CITY-ST-ZIP	EDINA MN
TITLE	S <input type="checkbox"/> DELETE
NAME	BAKER, R
STREET ADDRESS	2444 W 24TH ST
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CEO / PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STROUCKEN, A
1.3 STREET ADDRESS	12 APPLE ORCHARD COURT
1.4 CITY-ST-ZIP	DELLWOOD MN
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] C/O TREASURER Date: 4/8/99 Daytime Phone #: (651) 236-5723

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