

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90072 023 \*\*\*150.00

**DOCUMENT # 812408**

1. Entity Name

**H. B. FULLER, COMPANY**

Principal Place of Business

Mailing Address

1200 WILLOW LAKE BLVD  
 ST PAUL MN 55110  
 US

C/O TAX DEPT  
 P.O. BOX 64683  
 ST PAUL MN 55164-0683  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**41-0268370**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

00044978



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CP	STROUCKEN, A	12 APPLE ORCHARD COURT	DELLWOOD MN	<input type="checkbox"/>
CFOT	BOLANOS, JW	2 DORAL ROAD	DELLWOOD MN	<input checked="" type="checkbox"/>
SVP	RAY, JT JR	4 WISHBONE LANE	NORTH OAKS MN	<input checked="" type="checkbox"/>
C	MAKI, D	4602 OAK DRIVE	EDINA MN	<input type="checkbox"/>
S	BAKER, R	2444 W 24TH ST	MINNEAPOLIS MN	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SVP / CFO	TUCKER, R.A.	1371 DONEGAL DRIVE	Woodbury MN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP TREASURER	GACKI, W	1198 FALLSVIEW COURT	MENDOTA HEIGHTS MN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*Raymond Tucker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 RAYMOND TUCKER  
 SVP / CFO

3/20/00  
 Date

(651) 236-5723  
 Daytime Phone #

CR2E034 (9/99)