

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90166 018 ***150.00

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04212006 Chg-P CR2E034 (11/05)

DOCUMENT # 812408					
1. Entity Name H. B. FULLER, COMPANY					
Principal Place of Business 1200 WILLOW LAKE BLVD ST PAUL, MN 55110 US			Mailing Address C/O TAX DEPT P.O. BOX 64683 ST PAUL, MN 55164 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-0268370	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STROUCKEN, A		NAME		
STREET ADDRESS	12 APPLE ORCHARD COURT		STREET ADDRESS		
CITY-ST-ZIP	DELLWOOD, MN		CITY-ST-ZIP		
TITLE	SVCF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEENAN, JOHN R		NAME		
STREET ADDRESS	1200 WILLOW LAKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT PAUL, MN 55108		CITY-ST-ZIP		
TITLE	TV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GACKI, W		NAME	TREASURER CHERYL REINITZ	
STREET ADDRESS	1198 FALLSVIEW CT		STREET ADDRESS	1200 WILLOW LAKE BLVD	
CITY-ST-ZIP	MENDOTA HEIGHTS, MN		CITY-ST-ZIP	SAINT PAUL, MN 55110	
TITLE	VPCC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCREARY, J		NAME		
STREET ADDRESS	1200 WILLOW LAKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT PAUL, MN 55110		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JONES, PATRICIA L		NAME	SECRETARY TIMOTHY KEENAN	
STREET ADDRESS	1200 WILLOW LAKE BLVD		STREET ADDRESS	1200 WILLOW LAKE BLVD.	
CITY-ST-ZIP	SAINT PAUL, MN 55110		CITY-ST-ZIP	SAINT PAUL, MN 55110	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLEEDEHN, KNUT		NAME		
STREET ADDRESS	1200 WILLOW LAKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT PAUL, MN 55110		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James C. McCreary</u> James C. McCreary 4/25/06 651-236-5723 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					