

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812408

FILED
Apr 21, 2009
Secretary of State

Entity Name: H. B. FULLER, COMPANY

Current Principal Place of Business:

1200 WILLOW LAKE BLVD
ST PAUL, MN 55110 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 41-0268370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: VOLPI, MICHELE
Address: 1200 WILLOW LAKE BLVD
City-St-Zip: SAINT PAUL, MN 55110

Title: CFO () Delete
Name: GIERTZ, JAMES
Address: 1200 WILLOW LAKE BLVD
City-St-Zip: SAINT PAUL, MN 55110

Title: T () Delete
Name: REINITZ, CHERYL
Address: 1200 WILLOW LAKE BLVD
City-St-Zip: SAINT PAUL, MN 55110

Title: S () Delete
Name: KEENAN, TIMOTHY
Address: 1200 WILLOW LAKE BLVD
City-St-Zip: SAINT PAUL, MN 55110

Title: D () Delete
Name: KLEEDEHN, KNUT
Address: 1200 WILLOW LAKE BLVD
City-St-Zip: SAINT PAUL, MN 55110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL REINITZ

T

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date