

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812408

FILED  
Apr 28, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: OWENS, JAMES J  
Address: 1200 WILLOW LAKE BLVD  
City-St-Zip: SAINT PAUL, MN 55110

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

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

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

Title: D  
Name: MITAU, LEE  
Address: 1200 WILLOW LAKE BLVD  
City-St-Zip: SAINT PAUL, MN 55110

I hereby 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 all other like empowered.

SIGNATURE: CHERYL A. REINITZ

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

TREA

04/28/2011

\_\_\_\_\_ Date