FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **840184** **(6)**

1. Corporation Name
NORTHRUP KING CO.

Principal Place of Business	Mailing Address
7500 OLSON MEMORIAL HWY. GOLDEN VALLEY MN 55427-4800	7500 OLSON MEMORIAL HWY. GOLDEN VALLEY MN 55427-4800

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 41-1292617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	☐ Change	☒ Addition
NAME	INGRAM, RANDY	12 NAME		
STREET ADDRESS	7500 OLSON MEMORIAL HWY	13 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN VALLEY MN	14 CITY-ST-ZIP		55427
TITLE	V	21 TITLE	☒ Change	☐ Addition
NAME	~~HOFFMAN, KEITH M.~~	22 NAME	None	
STREET ADDRESS	7500 OLSON MEMORIAL HWY.	23 STREET ADDRESS	—	
CITY-ST-ZIP	GOLDEN VALLEY MN	24 CITY-ST-ZIP	—	
TITLE	D	31 TITLE	☐ Change	☒ Addition
NAME	IMHOF, HEINZ P.	32 NAME		
STREET ADDRESS	608TH AVE	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP		10020
TITLE	DP	41 TITLE	☐ Change	☒ Addition
NAME	SCHULZE, KENT	42 NAME		
STREET ADDRESS	7500 OLSON MEMORIAL HWY.	43 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN VALLEY MN	44 CITY-ST-ZIP		55427
TITLE	V	51 TITLE	☐ Change	☒ Addition
NAME	JACOBY, DONALD E	52 NAME		
STREET ADDRESS	7500 OLSON MEM. HWY.	53 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN VALLEY MN	54 CITY-ST-ZIP	4/25/15	55427
TITLE	S	61 TITLE	☐ Change	☒ Addition
NAME	RESLER, EDWARD C	62 NAME		
STREET ADDRESS	7500 OLSON MEMORIAL HWY	63 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN VALLEY MN	64 CITY-ST-ZIP		55427

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 any attachment with an address.

SIGNATURE: _____ 1/12/95 (612) 593-7261
SIGNATURE AND TYPED OR PRINTED NAME OF ANNING OFFICER OR DIRECTOR — Daytime Phone #

Randy Ingram

0487647 FP