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 MAY -1 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 849875 (0)

1. Corporation Name

UNIVERSAL PENSIONS, INC.

Principal Place of Business	Mailing Address
431 GOLF COURSE DR NO P.O. BOX 979 BRAINERD MN 56401	431 GOLF COURSE DR NO P.O BOX 979 BRAINERD MN 56401

3. Date Incorporated or Qualified: 07/31/1981
3a. Date of Last Report: 04/05/1994
4. FEI Number: 41-1246679 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		☐ Change ☐ Addition
NAME	GEIGER, RONALD R.		
STREET ADDRESS	521 8TH AVE. S.W.		
CITY-ST-ZIP	LE MARS IA		
TITLE	V		☐ Change ☐ Addition
NAME	TOWNE, THOMAS		
STREET ADDRESS	HC 83 BOX 921		
CITY-ST-ZIP	CROSS LAKE MN		
TITLE	STD	CEO, Treasurer, Chairman of Board of Directors, Director	☒ Change ☐ Addition
NAME	JOHNSON, ARNOLD S. (S)		
STREET ADDRESS	6160 BIRCHWOOD HILLS ROAD		
CITY-ST-ZIP	LAKESHORE MN		
TITLE	V	Vice President + Secretary	☒ Change ☐ Addition
NAME	NOTTO, DANIEL		
STREET ADDRESS	5645 LOVE LAKE RD		
CITY-ST-ZIP	BRAINERD, MINN 0		
TITLE	V	Vice President	☒ Change ☐ Addition
NAME	PATCH, EUGENE M.	Laver, David M	
STREET ADDRESS	989 GREEN GABLES RD. N.W	856 Gull River Rd	
CITY-ST-ZIP	BRAINERD MN	Brainerd, MN 56401	
TITLE	P		☐ Change ☐ Addition
NAME	ANDERSON, THOMAS G		
STREET ADDRESS	1970 CAMWOOD TRAIL S.		
CITY-ST-ZIP	BAXTER MN		

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 an attachment with an address.

SIGNATURE: [signature] Thomas G Anderson, President — 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 218/829-4781

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