FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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: **05/01/1995**

2. Principal Place of Business — 21 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt #, etc. 27 — City & State 28 — Zip 29 — Country 30

4. FEI Number: **41-1246679** — 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**

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**

	12. Officers and Directors	Delete	13. Additions/Changes	Change	Addition
TITLE	D	☐		☐	☐
NAME	GEIGER, RONALD R.				
STREET ADDRESS	521 8TH AVE. S.W.				
CITY-ST-ZIP	LE MARS IA				
TITLE	V	☐		☐	☐
NAME	TOWNE, THOMAS				
STREET ADDRESS	HC 83 BOX 921				
CITY-ST-ZIP	CROSS LAKE MN				
TITLE	CTBD	☐	C/T/D	☒	☐
NAME	JOHNSON, ARNOLD S. (S)				
STREET ADDRESS	6160 BIRCHWOOD HILLS ROAD				
CITY-ST-ZIP	LAKESHORE MN				
TITLE	VPS	☐		☐	☐
NAME	NOTTO, DANIEL				
STREET ADDRESS	5645 LOVE LAKE RD				
CITY-ST-ZIP	BRAINERD, MINN 0				
TITLE	VP	☐	VP	☒	☐
NAME	LAVE, DAVID M		Lauer, David M.		
STREET ADDRESS	856 GULL RIVER RD		569 Gull River Road		
CITY-ST-ZIP	BRAINERD MN		Brainerd, MN.		
TITLE	P	☐		☐	☐
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 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 3/19/96 218/829/4781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)