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04-15-1999 90070 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **849875**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/31/1981

4. FEI Number: 41-1246679 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	GEIGER, RONALD R.		1.2 NAME	ALAN KENNEBECK	
STREET ADDRESS	521 8TH AVE. S.W.		1.3 STREET ADDRESS	501 7TH ST	
CITY-ST-ZIP	LE MARS IA		1.4 CITY-ST-ZIP	ROCKFORD IL 61110	
TITLE	V	☒ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	TOWNE, THOMAS		2.2 NAME	J.R. EICKHOFF	
STREET ADDRESS	HC 83 BOX 921		2.3 STREET ADDRESS	8100 34TH AVE S	
CITY-ST-ZIP	CROSS LAKE MN		2.4 CITY-ST-ZIP	MINNEAPOLIS MN 55425	
TITLE	CTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ARNOLD S. (S)		3.2 NAME		
STREET ADDRESS	6160 BIRCHWOOD HILLS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKESHORE MN		3.4. CITY-ST-ZIP		
TITLE	VPS	☒ DELETE	4.1 TITLE	SECRETARY / VICE PRESIDENT	☐ Change ☒ Addition
NAME	NOTTO, DANIEL		4. 2 NAME	PAMELA S. O'ROURKE	
STREET ADDRESS	5645 LOVE LAKE RD		4.3 STREET ADDRESS	15 KINGWOOD ST	
CITY-ST-ZIP	BRAINERD, MINN 0		4.4 CITY-ST-ZIP	BRAINERD MN 56401	
TITLE	VP	☐ DELETE	5.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	LAUER, DAVID M.		5.2 NAME	CYNTHIA ROGGENKAMP	
STREET ADDRESS	569 GULL RIVER ROAD		5.3 STREET ADDRESS	1023 LENDEE DR	
CITY-ST-ZIP	BRAINERD MN		5.4 CITY-ST-ZIP	NISSWA MN 56468	
TITLE	P	☐ DELETE	6.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	ANDERSON, THOMAS G		6.2 NAME	TODD HEADLEE	
STREET ADDRESS	1970 CAMWOOD TRAIL S.		6.3 STREET ADDRESS	840 TALLTIMBERS RD	
CITY-ST-ZIP	BAXTER MN		6.4 CITY-ST-ZIP	NISSWA MN 56468	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED PRESIDENT 3/24/99 218 829 4781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)