

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10: 57

DOCUMENT # F94000002845 (5)

1. Corporation Name

ONEIDA REALTY COMPANY

Principal Place of Business

306 W. SUPERIOR ST.
SUITE 1605
DULUTH MN 55802

Mailing Address

306 W. SUPERIOR ST.
SUITE 1605
DULUTH MN 55802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

41-0460000

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 ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | PRESCOTT, R K |
| STREET ADDRESS | 1605 ALWORTH BUILDING |
| CITY-ST-ZIP | DULUTH MN 55802 |
| TITLE | D |
| NAME | BUCHANAN, R. BRUCE |
| STREET ADDRESS | 700 LONSDALE BUILDING |
| CITY-ST-ZIP | DULUTH MN 55802 |
| TITLE | P |
| NAME | LAFLAMME, STEVEN G |
| STREET ADDRESS | 1605 ALWORTH BUILDING |
| CITY-ST-ZIP | DULUTH MN 55802 |
| TITLE | V |
| NAME | WEDIN, ROGER D |
| STREET ADDRESS | 1605 ALWORTH BUILDING |
| CITY-ST-ZIP | DULUTH MN 55802 |
| TITLE | S |
| NAME | LITTLER, THEA M |
| STREET ADDRESS | 1605 ALWORTH BUILDING |
| CITY-ST-ZIP | DULUTH MN 55802 |
| TITLE | T |
| NAME | KRATZNER, GEORGE W |
| STREET ADDRESS | 1605 ALWORTH BUILDING |
| CITY-ST-ZIP | DULUTH MN 55802 |

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | ALWORTH, NICHOLAS B. | |
| 1.3 STREET ADDRESS | 1605 ALWORTH BUILDING | |
| 1.4 CITY-ST-ZIP | DULUTH MN 55802 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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)(k), 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 the 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:

Steven G. LaFlamme
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Steven G. LaFlamme, President

01/12/95

(218) 722-0816

Title

Daytime Phone #