

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P06495** (6)
1. Corporation Name
GENMAR INDUSTRIES, INC.

Principal Place of Business
**100 SOUTH FIFTH STREET
SUITE 2400
MINNEAPOLIS MN 55402**

Mailing Address
**100 SOUTH FIFTH STREET
SUITE 2400
MINNEAPOLIS MN 55402**

3. Date Incorporated or Qualified
06/20/1985

3a. Date of Last Report
07/08/1994

4. FBI Number
22-2612772

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 §. 199 (3)(2), Florida Statutes Yes No

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

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

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
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: *James B. Farrell* DATE: **4-6-95**

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------------|
| TITLE | CO |
| NAME | JACOBS, IRWIN L. |
| STREET ADDRESS | 100 SO 5 STR STE 2400 |
| CITY - ST - ZIP | MINNEAPOLIS MN 55402 |
| TITLE | PCEO |
| NAME | SEVERINSON, KENNETH |
| STREET ADDRESS | 100 SOUTH FIFTH STREET |
| CITY - ST - ZIP | MINNEAPOLIS MN 55402 |
| TITLE | VT |
| NAME | LOMEN, ARLYN J. |
| STREET ADDRESS | 100 SOUTH FIFTH STREET |
| CITY - ST - ZIP | MINNEAPOLIS MN 55402 |
| TITLE | V |
| NAME | LONG, J. ROBERT |
| STREET ADDRESS | 100 SOUTH FIFTH STREET |
| CITY - ST - ZIP | MINNEAPOLIS MN 55402 |
| TITLE | V |
| NAME | MUNSELL, WILLIAM A |
| STREET ADDRESS | 100 SOUTH FIFTH STREET |
| CITY - ST - ZIP | MINNEAPOLIS MN 55402 |
| TITLE | VSD |
| NAME | FARRELL, JAMES B. |
| STREET ADDRESS | 100 SO 5 STR STE 2400 |
| CITY - ST - ZIP | MINNEAPOLIS MN |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY - ST - ZIP | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | VICE PRESIDENT |
| 3.3 STREET ADDRESS | JOHN ROSENDAHL |
| 3.4 CITY - ST - ZIP | 100 SOUTH FIFTH STREET, SUITE 2400 MINNEAPOLIS, MINNESOTA 55402 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | ASSISTANT SECRETARY |
| 4.3 STREET ADDRESS | KATHLEEN M. MIKULA |
| 4.4 CITY - ST - ZIP | 100 SOUTH FIFTH STREET, SUITE 2400 MINNEAPOLIS, MINNESOTA 55402 |
| 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 this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *James B. Farrell* **JAMES B. FARRELL, VICE PRESIDENT** **APRIL 6, 1995**