22295 B 1456-C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB 22 AM 10:07

DOCUMENT # P13705 (9)

1. Corporation Name
EASTERN HEIGHTS STATE BANK OF SAINT PAUL INCORPO RATED

Principal Place of Business	Mailing Address
2100 WILSON AVENUE ST. PAUL MN 55119	2100 WILSON AVENUE ST. PAUL MN 55119

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1987
3a. Date of Last Report: 01/31/1994

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

4. FEI Number: 41-0811792 ☐ 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

CAPITAL CONNECTION
417 E. VIRGINIA STREET
SUITE 1
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
(Typed or printed name of registered agent and, if applicable, the office) (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AVP	11 TITLE	President/Director	☐ Change ☑ Addition
NAME	DAVID B. CHICHILA	12 NAME	Michael J. Barrett	
STREET ADDRESS	7525 CURRELL BLVD	13 STREET ADDRESS	2100 Wilson Ave.	
CITY-ST-ZIP	WOODBURY MN	14 CITY-ST-ZIP	St. Paul, MN. 55119	
TITLE	VP	21 TITLE	D	☐ Change ☑ Addition
NAME	HANSEN, THOMAS D.	22 NAME	M. Kay Grenz	
STREET ADDRESS	7525 CURRELL BLVD.	23 STREET ADDRESS	3M Center	
CITY-ST-ZIP	WOODBURY MN	24 CITY-ST-ZIP	St. Paul, MN	
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	POULIOT, MICHAEL M.	32 NAME		
STREET ADDRESS	2100 WILSON AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	JENSEN, JAMES	42 NAME		
STREET ADDRESS	3M CENTER	43 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KIESTER, CHARLES	52 NAME		
STREET ADDRESS	3M CENTER	53 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	PETERSON, DWIGHT	62 NAME		
STREET ADDRESS	3M CENTER	63 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN	64 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)(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 any attachment with an additional blank.

SIGNATURE: David B. Chichila 1-27-95 612 736-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400285 FP