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 # P13705 (9)

1. Corporation Name

EASTERN HEIGHTS ~~STATE~~ BANK ~~OF SAINT PAUL, INCORPORATED~~

Principal Place of Business
670 McKnight Road N.
~~2100 WILSON AVENUE~~
ST. PAUL MN 55119

Mailing Address
670 McKnight Road N.
~~2100 WILSON AVENUE~~
ST. PAUL MN 55119

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

3. Date Incorporated or Qualified: 03/20/1987
3a. Date of Last Report: 02/22/1995
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: Signature of a member of the board of directors or authorized officer — Signature of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	AVP	☐ DELETE
NAME	DAVID B. CHICHILA	
STREET ADDRESS	7525 CURRELL BLVD	
CITY-ST-ZIP	WOODBURY MN	
TITLE	VP	☐ DELETE
NAME	HANSEN, THOMAS D.	
STREET ADDRESS	7525 CURRELL BLVD.	
CITY-ST-ZIP	WOODBURY MN	
TITLE	ST	☐ DELETE
NAME	POULIOT, MICHAEL M.	
STREET ADDRESS	2100 WILSON AVENUE	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	D	☐ DELETE
NAME	JENSEN, JAMES	
STREET ADDRESS	3M CENTER	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	D	☐ DELETE
NAME	KIESTER, CHARLES	
STREET ADDRESS	3M CENTER	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	D	☑ DELETE
NAME	PETERSON, DWIGHT	
STREET ADDRESS	3M CENTER	
CITY-ST-ZIP	ST. PAUL MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

1.1 TITLE	President / Director	☐ Change ☑ Addition
1.2 NAME	Michael J. Barrett	
1.3 STREET ADDRESS	670 McKnight Road N.	
1.4 CITY-ST-ZIP	St. Paul, MN 55119	
2.1 TITLE	D	☐ Change ☑ Addition
2.2 NAME	M. Kay Grenz	
2.3 STREET ADDRESS	3M Center	
2.4 CITY-ST-ZIP	St. Paul, MN	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is valid, and I further certify that I am not qualified for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attached sheet with an officer or director.

SIGNATURE: David B. Chichila
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 — Date

612-736-9922 — Daytime Phone #

CR2E034 (12/95)