FILE NOW: FILING FEE AFTER MAY 1 IS $55[illegible]00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mort[illegible]m
Secretary of St[illegible]
DIVISION OF CORPO[illegible]TIONS

DOCUMENT # P13705 (9)

1. Corporation Name
EASTERN HEIGHTS BANK

Principal Place of Business	Mailing Address
670 MCKNIGHT RD. N. ST. PAUL MN 55119	670 MCKNIGHT RD. N. ST. PAUL MN 55119-4140

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 03/20/1987	3a. Date of Last Report 04/23/1996
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
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	AVP	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	DAVID B. CHICHILA		1.2 NAME	M. Kay Grenz	
STREET ADDRESS	~~7525 CURRELL BLVD~~ 670 McKnight Rd N.		1.3 STREET ADDRESS	3M Center	
CITY-ST-ZIP	~~WOODBURY MN~~ St. Paul, MN 55119		1.4 CITY-ST-ZIP	St. Paul, MN	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HANSEN, THOMAS D.		2.2 NAME		
STREET ADDRESS	~~7525 CURRELL BLVD.~~ 670 McKnight Rd. N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~WOODBURY MN~~ St. Paul, Mn 55119		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POULIOT, MICHAEL M.		3.2 NAME		
STREET ADDRESS	~~2100 WILOON AVENUE~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JENSEN, JAMES		4.2 NAME		
STREET ADDRESS	3M CENTER		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KIESTER, CHARLES		5.2 NAME		
STREET ADDRESS	3M CENTER		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, MICHAEL J		6.2 NAME		
STREET ADDRESS	670 MCKNIGHT RD. N.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN 55119		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE [signature] 4-14-97 612-736-9022