

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P16206 (5)

1. Corporation Name

BMC INDUSTRIES, INC.



Principal Place of Business

Mailing Address

TWO APPLE TREE SQUARE
MINNEAPOLIS MN 55425

TWO APPLE TREE SQUARE
MINNEAPOLIS MN 55425

3. Date Incorporated or Qualified
09/30/1987

3a. Date of Last Report
07/10/1995

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

41-0169210

Applied For

Net 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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 typed in printed name of officer, director, or authorized representative

(If officer, director, or authorized representative, signature required when recorded)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD ☐ DELETE
NAME BURKE, PAUL B
STREET ADDRESS 2 APPLE TREE SQ
CITY-STATE-ZIP MPLS MN

TITLE V ☒ DELETE
NAME KERR, MERLE D.
STREET ADDRESS TWO APPLE TREE SQUARE
CITY-STATE-ZIP MINNEAPOLIS MN

TITLE TS ☐ DELETE
NAME HAWKS, MICHAEL P
STREET ADDRESS TWO APPLE TREE SQUARE
CITY-STATE-ZIP MINNEAPOLIS MN

TITLE D ☐ DELETE
NAME ALTMAN, LYLE D
STREET ADDRESS 7600 BOONE AVE N
CITY-STATE-ZIP BROOKLYN PK MN

TITLE D ☐ DELETE
NAME DAVIS, JOE E
STREET ADDRESS 3436 CARIBETH DR
CITY-STATE-ZIP ENCINO CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

11 TITLE Treasurer ☐ Change ☒ Addition
12 NAME John N. McCormick
13 STREET ADDRESS 2 Appletree Square
14 CITY-STATE-ZIP Minneapolis, MN 55425

21 TITLE VP Finance, CFO, Secretary ☒ Change ☐ Addition
22 NAME Michael P. Hawks
23 STREET ADDRESS 2 Appletree Square
24 CITY-STATE-ZIP Minneapolis, MN 55425

31 TITLE Director ☐ Change ☒ Addition
32 NAME Harry A. Hammerly
33 STREET ADDRESS 30 Seventh Street E., #3050
34 CITY-STATE-ZIP St. Paul, MN 55101-4901

41 TITLE Director ☐ Change ☒ Addition
42 NAME Richard A. Swalin
43 STREET ADDRESS 4705 Via de la Granja
44 CITY-STATE-ZIP Tucson, AZ 85718

51 TITLE Director ☐ Change ☒ Addition
52 NAME John W. Castro
53 STREET ADDRESS One Merrill Circle
54 CITY-STATE-ZIP St. Paul, MN 55108

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an amendment with an address.

SIGNATURE:

Michael P. Hawks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/94

612-851-6000
Original Phone

CR2E034 (3/96)