

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Carole B. McManis
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # F94000001840 (7)

1. Corporation Name

WINTHROP RESOURCES CORPORATION

05 MAY -1 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1015 OPUS CENTER, 9900 BREN ROAD EAST
MINNETONKA MN 55343

Mailing Address

1015 OPUS CENTER, 9900 BREN ROAD EAST
MINNETONKA MN 55343

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

~~41-1415459~~ 41-1415469

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

8. Does corporation have liability for intangible tax under S. 199.092,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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 of person or persons authorized to sign this statement

Signature of Registered Agent, or person authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE

CP

NAME

MORGAN, JOHN L.

STREET ADDRESS

4706 WHITE OAKS RD

CITY, ST, ZIP

EDINA MN 55424

TITLE

DVT

NAME

MACKENZIE, KIRK A

STREET ADDRESS

10420 BLUFF CIRCLE

CITY, ST, ZIP

CHASKA MN 55318

TITLE

DV

NAME

NORQUAL, JACK A

STREET ADDRESS

9493 OLYMPIA DR.

CITY, ST, ZIP

EDEN PRAIRIE MN 55347

TITLE

DS

NAME

ARCHERD, WILLIAM F

STREET ADDRESS

433 HOLLY AVE.

CITY, ST, ZIP

ST. PAUL MN 55102

TITLE

D

NAME

SIMONSON, GERALD W

STREET ADDRESS

5813 JEFF PLACE

CITY, ST, ZIP

EDINA MN 55802

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

V

☐ Change ☒ Addition

1.2 NAME

MCGENSEN, DEBORAH L.

1.3 STREET ADDRESS

1015 OPUS CENTER, 9900 BREN ROAD EAST

1.4 CITY, ST, ZIP

MINNETONKA, MN 55343

2.1 TITLE

V

☐ Change ☒ Addition

2.2 NAME

MURPHY, ROBERT P.

2.3 STREET ADDRESS

1015 OPUS CENTER, 9900 BREN ROAD EAST

2.4 CITY, ST, ZIP

MINNETONKA, MN 55343

3.1 TITLE

D

☐ Change ☒ Addition

3.2 NAME

REVELTS, PAUL C.

3.3 STREET ADDRESS

1101 THIRD STREET S.W.

3.4 CITY, ST, ZIP

MINNEAPOLIS, MN 55415

4.1 TITLE

DS

☒ Change ☐ Addition

4.2 NAME

WILSON, MARK L.

4.3 STREET ADDRESS

4545 IDS CENTER

4.4 CITY, ST, ZIP

MINNEAPOLIS, MN 55402

5.1 TITLE

V

☐ Change ☒ Addition

5.2 NAME

ENGLUND, JANICE R.

5.3 STREET ADDRESS

1015 OPUS CENTER, 9900 BREN ROAD EAST

5.4 CITY, ST, ZIP

MINNETONKA, MN 55343

6.1 TITLE

V

☐ Change ☒ Addition

6.2 NAME

SEE ATTACHED LIST OF THREE NAMES

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 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gary W. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY W. ANDERSON, VICE PRESIDENT/CONTROLLER

5-1-95

Date

612-936-0226

Telephone Number

F94 - 1840

WINTHROP RESOURCES CORPORATION

Additonal Officers

Vice President/Controller/Assistant Secretary:

**Gary W. Anderson
1015 Opus Center
9900 Bren Road East
Minnetonka, MN 55343**

Vice Presidents:

**Coleman P. Griffing
1015 Opus Center
9900 Bren Road East
Minnetonka, MN 55343**

**Richard J. Pieper
1015 Opus Center
9900 Bren Road East
Minnetonka, MN 55343**