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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F94000001840 (7)**

1. Corporation Name
WINTHROP RESOURCES CORPORATION

Principal Place of Business	Mailing Address
1015 OPUS CENTER, 9900 BREN ROAD EAST MINNETONKA MN 55343	1015 OPUS CENTER, 9900 BREN ROAD EAST MINNETONKA MN 55343

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 41-1415459 ☐ 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, JOHN L		1.2 NAME		
STREET ADDRESS	4706 WHITE OAKS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	EDINA MN 55424		1.4 CITY-ST-ZIP		
TITLE	DVT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MACKENZIE, KIRK A		2.2 NAME		
STREET ADDRESS	10420 BLUFF CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHASKA MN 55318		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NORQUAL, JACK A		3.2 NAME		
STREET ADDRESS	9493 OLYMPIA DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	EDEN PRAIRIE MN 55347		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, MARK L		4.2 NAME		
STREET ADDRESS	320 SOUTH MISSISSIPPI RIVER BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SIMONSON, GERALD W		5.2 NAME		
STREET ADDRESS	5813 JEFF PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	EDINA MN 55802		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REYELTS, PAUL C		6.2 NAME		
STREET ADDRESS	1819 JAMES AVENUE SOUTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		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] 1/29/97 (612)986-0226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0427714