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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P04406

(5)

1. Corporation Name

MIMLIC SALES CORPORATION

Principal Place of Business

400 NORTH ROBERT STREET
ST. PAUL MN 55101

Mailing Address

400 NORTH ROBERT STREET
ST. PAUL MN 55101-2015



3. Date Incorporated or Qualified

12/19/1984

3a. Date of Last Report

04/23/1996

4. FEI Number

41-1486060

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME DENNIS E. PROHOFKY
STREET ADDRESS 765 E. MONTANA
CITY-ST-ZIP ST. PAUL MN ☐ DELETE

TITLE V
NAME DERICK R. BLACK
STREET ADDRESS 3634 11TH AVE S
CITY-ST-ZIP MINNEAPOLIS MN ☒ DELETE

TITLE VT
NAME MARGARET M. MILOSEVICH
STREET ADDRESS 2801 WEXFORD HGTS. LANE
CITY-ST-ZIP NEW BRIGHTON MN ☐ DELETE

TITLE PD
NAME HUPPERT, BARDEA C.
STREET ADDRESS 417 N. LOCUST STREET
CITY-ST-ZIP PRESCOTT WI ☒ DELETE

TITLE AT
NAME CLARK, THOMAS L
STREET ADDRESS W. 10546 880TH AVENUE
CITY-ST-ZIP RIVER FALLS WI ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME P/D
4.3 STREET ADDRESS Connolly, George I.
4.4 CITY-ST-ZIP 1193 Rockstone Lane
New Brighton, MN 55112

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME AS
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME AS
6.3 STREET ADDRESS Berg, Margaret A.
6.4 CITY-ST-ZIP 5215 Portland Avenue South
Minneapolis, MN 55417

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:

Thomas L. Clark

Thomas L. Clark, Ass't Secretary 4/24/97 612-223-4306

CR2E034 (9/96)