

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000000574

**FILED**  
**May 29, 2020**  
**Secretary of State**  
**9682196813CC**

**Entity Name:** TENNANT SALES AND SERVICE COMPANY

**Current Principal Place of Business:**

701 NORTH LILAC DRIVE  
MINNEAPOLIS, MN 55422

**Current Mailing Address:**

701 NORTH LILAC DRIVE  
MINNEAPOLIS, MN 55422 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT/CEO  
Name            ZAY, RICHARD H.  
Address        701 NORTH LILAC DRIVE  
City-State-Zip: MINNEAPOLIS MN 55422

Title            VP  
Name            STUEVE, THOMAS A.  
Address        701 NORTH LILAC DRIVE  
City-State-Zip: MINNEAPOLIS MN 55422

Title            TREASURER  
Name            STUEVE, THOMAS A.  
Address        701 NORTH LILAC DRIVE  
City-State-Zip: MINNEAPOLIS MN 55422

Title            SECRETARY  
Name            STOKES, KRISTIN A.  
Address        701 NORTH LILAC DRIVE  
City-State-Zip: MINNEAPOLIS MN 55422

Title            ASSISTANT SECRETARY  
Name            ZANISH, DIANE A.  
Address        701 NORTH LILAC DRIVE  
City-State-Zip: MINNEAPOLIS MN 55422

Title            DIRECTOR  
Name            KILLINGSTAD, H. CHRIS  
Address        701 NORTH LILAC DRIVE  
City-State-Zip: MINNEAPOLIS MN 55422

Title            DIRECTOR  
Name            STUEVE, THOMAS A.  
Address        701 NORTH LILAC DRIVE  
City-State-Zip: MINNEAPOLIS MN 55422

Title            DIRECTOR  
Name            STOKES, KRISTIN A.  
Address        701 NORTH LILAC DRIVE  
City-State-Zip: MINNEAPOLIS MN 55422

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTIN A. STOKES

**SECRETARY**

**05/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date