

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004898

**Entity Name:** MINNESOTA OPTIMA GRAPHICS, INC.**Current Principal Place of Business:**1725 ROE CREST DRIVE  
NORTH MANKATO, MN 56003**Current Mailing Address:**1725 ROE CREST DRIVE  
NORTH MANKATO, MN 56003**FEI Number:** 26-0876505**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
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  
Name           KIRBEY, KEVIN M  
Address        1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title            VP & ASST. SECRETARY  
Name           JACKSON, GREGORY W  
Address        1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title            DIRECTOR  
Name           TAYLOR, GLEN  
Address        1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title            ASST. TREASURER  
Name           MAKELA, ROBERT R  
Address        1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title            SECRETARY & VP  
Name           SPELLACY, SUZANNE  
Address        1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title            TREASURER & VP  
Name           JOHNSON, THOMAS A  
Address        1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title            DIRECTOR  
Name           TAYLOR, LARRY  
Address        1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title            DIRECTOR  
Name           LORENZEN, LARRY D  
Address        1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

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*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:** SUZANNE M SPELLACY**SECRETARY****02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	TAYLOR, DEBRA L
Address	1725 ROE CREST DRIVE
City-State-Zip:	NORTH MANKATO MN 56003