

**2020 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 EVP CLO, SECRETARY  
Name JACKSON, GREGORY W  
Address 1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

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

Title PRESIDENT  
Name FITTERER, CHAD T  
Address 1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title CHRO  
Name ERICKSON, CAROLYN M  
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 TREASURER  
Name MAKELA, ROBERT R  
Address 1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title CFO  
Name LUCENTE, PAOLA  
Address 1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title CHIEF INFORMATION & SECURITY  
Name HIPP, CHARLES 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: GREGORY W JACKSON****SECRETARY****01/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CSO  
Name MERICKEL, THOMAS D  
Address 1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title WVP  
Name WHITAKER, CHARLES E  
Address 1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title VP, ASST. TREASURER  
Name AUSTIN, CHRISTOPHER L  
Address 1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title CHIEF SUPPLY CHAIN OFFICER  
Name PARKER, JAY D  
Address 1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003

Title VP, ASST. SECRETARY  
Name MAYER, BRIAN A  
Address 1725 ROE CREST DRIVE  
City-State-Zip: NORTH MANKATO MN 56003