

2013 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****04/09/2013**

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