

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 679522

1. Corporation Name

INTERNATIONAL AUTOMATED ENERGY SYSTEMS, INC.

Principal Place of Business

2600 GOLDEN GATE PKWY  
STE 200  
NAPLES FL 34105  
US

Mailing Address

TAX DEPT HQN12A  
8100 34TH AVE S  
MINNEAPOLIS MN 55425  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

07/23/1980

4. FEI Number

59-2037869

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

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 PCEO ☐ DELETE  
NAME HOLCOMBE, T G  
STREET ADDRESS 8100 34TH AVE S  
CITY-ST-ZIP MINNEAPOLIS MN 55425

TITLE ATD ☐ DELETE  
NAME GRIERSON, J H  
STREET ADDRESS 8100 34TH AVE S  
CITY-ST-ZIP MINNEAPOLIS MN 55425

TITLE S ☐ DELETE  
NAME SHERIDAN M W  
STREET ADDRESS 8100 34TH AVE S  
CITY-ST-ZIP MINNEAPOLIS MN 55425

TITLE D ☒ DELETE  
NAME GROSS, L D  
STREET ADDRESS 8100 34TH AVE S  
CITY-ST-ZIP MINNEAPOLIS MN 55425

TITLE EVP ☐ DELETE  
NAME ARMSTRONG, H S  
STREET ADDRESS 8100 34TH AVE S  
CITY-ST-ZIP MINNEAPOLIS MN 55425

TITLE AS ☐ DELETE  
NAME MOEN, D T  
STREET ADDRESS 8100 34TH AVE S  
CITY-ST-ZIP MINNEAPOLIS MN 55425

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Director

☐ Change ☒ Addition

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

VP, Assistant Treasurer

☒ Change ☐ Addition

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

Director

☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

VP, Treasurer  
Kribbs, R E  
8100 34TH AVE S  
MINNEAPOLIS, MN 55425

☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Director

☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ass't Sec 4-9-99 (612) 853-3488

Date

Daytime Phone #

CR2E034 (11/98)