FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

CORPORATION ANNUAL REPORT
~~1995~~ 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # 808784 (3)

1. Corporation Name
PET INCORPORATED

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1951	3a. Date of Last Report: 05/01/96
4. FEI Number: 43-0454880	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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 200 SOUTH SIXTH ST	26 TAX DEPT 08X3
Suite, Apt. #, etc. 22 TAX DEPT 08X3	Suite, Apt. #, etc. 27 200 SOUTH SIXTH ST
City & State 23 MINNEAPOLIS MN	City & State 28 MINNEAPOLIS MN
Zip 24 55402 Country 25 HENNEPIN	Zip 29 55402 Country 30 HENNEPIN

9. Name and Address of Current Registered Agent

C T CORPORATION
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	D P ☐ Change ☒ Addition
NAME		12 NAME	JENKO, JEROME
STREET ADDRESS		13 STREET ADDRESS	200 SOUTH SIXTH ST
CITY-ST-ZIP		14 CITY-ST-ZIP	MINNEAPOLIS MN 55402
TITLE		21 TITLE	V S ☐ Change ☒ Addition
NAME		22 NAME	SCHMITT, DAVID
STREET ADDRESS		23 STREET ADDRESS	200 SOUTH SIXTH ST
CITY-ST-ZIP		24 CITY-ST-ZIP	MINNEAPOLIS MN 55402
TITLE		31 TITLE	V T ☐ Change ☒ Addition
NAME		32 NAME	HAILEY V. ANN
STREET ADDRESS		33 STREET ADDRESS	200 SOUTH SIXTH ST
CITY-ST-ZIP		34 CITY-ST-ZIP	MINNEAPOLIS MN 55402
TITLE		41 TITLE	ASST S. ☐ Change ☐ Addition
NAME		42 NAME	POPPELE, DONALD
STREET ADDRESS		43 STREET ADDRESS	200 SOUTH SIXTH ST.
CITY-ST-ZIP		44 CITY-ST-ZIP	MINNEAPOLIS MN 55402
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X _____ 5/8/97 (612) 330-4915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #