FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 819913 (5)

1. Corporation Name
INTERNATIONAL DAIRY QUEEN, INC.

Principal Place of Business	Mailing Address
7505 METRO BLVD MINNEAPOLIS MN 55439 US	P O BOX 39286 MINNEAPOLIS MN 55439-0286 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1966
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 41-0852869 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, MICHAEL P.	1.2 NAME		
STREET ADDRESS	70 WOODLAND CIR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	EDINA MN	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, EDWARD A	2.2 NAME		
STREET ADDRESS	11030 OREGON AVE S	2.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON MN	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	MOOTY, CHARLES W	3.2 NAME		
STREET ADDRESS	4615 MOORLAND AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	EDINA MN	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	BOND, DAVID M.	4.2 NAME		
STREET ADDRESS	10033 IRWIN RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON MN	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MOOTY,JOHN W.	5.2 NAME		
STREET ADDRESS	6600 DOVRE DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	EDINA MN	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	LUTHER, RUDY	6.2 NAME	C. David Luther	
STREET ADDRESS	5608 PARKWOOD LANE	6.3 STREET ADDRESS	16 Paddock Circle	
CITY-ST-ZIP	EDINA MN	6.4 CITY-ST-ZIP	Edina MN	

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)(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 added on an attachment with an address.

SIGNATURE: David M. Bond
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

David M. Bond
Secretary/Assistant Treasurer
4/26/95
Date
(612) 830-0556
Daytime Phone #

0407449 FP