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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 10:08

DOCUMENT # 822363 (8)

1. Corporation Name
FBS BUSINESS FINANCE CORPORATION

Principal Place of Business	Mailing Address
601 SECOND AVE SOUTH PO BOX 1540 MINNEAPOLIS MN 55480 US	601 SECOND AVE SOUTH PO BOX 1540 MINNEAPOLIS MN 55480 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1969
3a. Date of Last Report: 06/21/1994

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

4. FEI Number: 41-0832663 ☐ 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 _____ (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	ROHR, DANIEL C	12 NAME		
STREET ADDRESS	601 SECOND AVE S	13 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	14 CITY-ST-ZIP		
TITLE	EVP	21 TITLE		☒ Change ☐ Addition
NAME	~~DECATUR, STEVEN~~	22 NAME	OBERSTAR, SALLY A.	
STREET ADDRESS	601 SECOND AVE S	23 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☒ Change ☐ Addition
NAME	~~EDSTAM, DAVID~~	32 NAME	CARLOTTO, JOHN M.	
STREET ADDRESS	601 SECOND AVE S	33 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	34 CITY-ST-ZIP		
TITLE	C	41 TITLE		☐ Change ☐ Addition
NAME	CARLOTTO, JOHN M.	42 NAME		
STREET ADDRESS	601 SECOND AVE S	43 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	UNDERBRINK, ANN E.	52 NAME		
STREET ADDRESS	601 SECOND AVE S	53 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	54 CITY-ST-ZIP		
TITLE	VAS	61 TITLE		☐ Change ☐ Addition
NAME	STOCKMAN, MARY JO	62 NAME		
STREET ADDRESS	601 SECOND AVE S	63 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	64 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: John M Carlotto John M Carlotto 6/8/95 (612) 973 0642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407695 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **822535** **(1)**

1. Corporation Name

GEO. P. REINTJES CO., INC.

Principal Place of Business	Mailing Address
3800 SUMMIT KANSAS CITY MISSOURI 64111	3800 SUMMIT KANSAS CITY MISSOURI 64111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1969	3a. Date of Last Report: 03/23/1994
4. FEI Number: 44-0654308	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	REINTJES,ROBERT J	12 NAME	
STREET ADDRESS	6440 WENONGA	13 STREET ADDRESS	
CITY ST ZIP	SHAWNEE MISSION KS	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	WORKMAN, RONALD	22 NAME	
STREET ADDRESS	209 MONTOLAIRE	23 STREET ADDRESS	
CITY ST ZIP	OLATHE KS	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, STEVE	32 NAME	
STREET ADDRESS	1321 HORIZON ST.	33 STREET ADDRESS	
CITY ST ZIP	BLUE SPRINGS MO	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	JADERBORG, K.	42 NAME	
STREET ADDRESS	7305 GODDARD DR.	43 STREET ADDRESS	
CITY ST ZIP	SHAWNEE KS	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	REINTJES, G G	52 NAME	
STREET ADDRESS	4415 W. 94TH TERR., #11	53 STREET ADDRESS	
CITY ST ZIP	PRAIRIE VILLAGE KS	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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 on an attachment with an address.

SIGNATURE: K. Jaderborg K JADERBORG SECTY/TREAS 6/7/95 816-754-9150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0162322 FN

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AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

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DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE

DOCUMENT # **822718** **(3)**

1. Corporation Name

PATRICK INDUSTRIES, INC.

Principal Place of Business	Mailing Address
P O BOX 639 1800 S. 14TH ST. ELKHART IN 46516-2275	P O BOX 639 1800 S. 14TH ST. ELKHART IN 46516-2275

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1969
3a. Date of Last Report: 03/01/1994
4. FEI Number: 35-1057796 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	D	11 TITLE	D	☐ Change ☑ Addition
NAME	KEITH, CLYDE	12 NAME	KNISPEL MERLIN D.	
STREET ADDRESS	1800 S 14TH STREET	13 STREET ADDRESS	900 EAST WABASH AVENUE	
CITY-ST-ZIP	ELKHART, IND 0	14 CITY-ST-ZIP	NAPPANEE IN 46550	
TITLE	VD	21 TITLE	D	☐ Change ☑ Addition
NAME	BAER, THOMAS	22 NAME	LUNG DOROTHY M.	
STREET ADDRESS	1800 S 14TH STREET	23 STREET ADDRESS	1934 WEST WOLF AVENUE	
CITY-ST-ZIP	ELKHART, IND 0	24 CITY-ST-ZIP	ELKHART IN 46516	
TITLE	VST	31 TITLE	D	☐ Change ☐ Addition
NAME	KANKEL, KEITH V	32 NAME	TIMMINS ROBERT C	
STREET ADDRESS	1800 S 14TH STREET	33 STREET ADDRESS	611 EISENHAUER	
CITY ST ZIP	ELKHART, IND 0	34 CITY-ST-ZIP	GRAND JUNCTION CO 81505	
TITLE	CD	41 TITLE	VD	☐ Change ☑ Addition
NAME	LUNG, MERVIN D	42 NAME	WYLAND HAROLD E.	
STREET ADDRESS	1800 S 14TH STREET	43 STREET ADDRESS	1800 SOUTH 14TH	
CITY ST ZIP	ELKHART, IND 0	44 CITY ST ZIP	ELKHART IN 46516	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MCDERMOTT, JOHN	52 NAME		
STREET ADDRESS	1800 S 14TH STREET	53 STREET ADDRESS		
CITY ST ZIP	ELKHART, IND 0	54 CITY ST ZIP		
TITLE	PD	61 TITLE		☐ Change ☐ Addition
NAME	LUNG, DAVID D.	62 NAME		
STREET ADDRESS	1800 S. 14TH ST.	63 STREET ADDRESS		
CITY ST ZIP	ELKHART IN	64 CITY ST ZIP		

CR2E034 (3/95)

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SIGNATURE: Keith V. Kankel KEITH V. KANKEL JUN 5 95 (219) 294-7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

150 GCI

0101607 FN