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 APR 21 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **823247** **(2)**

1. Corporation Name
SBM FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
8400 NORMANDALE LAKE BLVD. #1150 MINNEAPOLIS MN 55437	8400 NORMANDALE LAKE BLVD. #1150 MINNEAPOLIS MN 55437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1969
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: 41-0953406 ☐ 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 SOUTH 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	CPD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	SCHMID, ROMAN	12 NAME	Richard M. Carlblom	
STREET ADDRESS	8400 NORMANDALE LK BLVD STE 1150	13 STREET ADDRESS	8400 Normandale Lake Blvd. Ste 1150	
CITY-ST-ZIP	MINNEAPOLIS MN	14 CITY-ST-ZIP	Bloomington, MN 55437	
TITLE	VD	21 TITLE	V	☒ Change ☐ Addition
NAME	REINHARDT, ELMER C.	22 NAME	Walter W. Balek	
STREET ADDRESS	1550 EAST SHAW	23 STREET ADDRESS	8400 Normandale Lake Blvd. Ste 1150	
CITY-ST-ZIP	FRESNO CA	24 CITY-ST-ZIP	Bloomington, MN 55437	
TITLE	VD	31 TITLE	S	☐ Change ☒ Addition
NAME	BALEK, WALTER W.	32 NAME	Stewart D. Gregg	
STREET ADDRESS	8400 NORMANDALE LAKE BLVD #1150	33 STREET ADDRESS	8400 Normandale Lake Blvd. Ste 1150	
CITY-ST-ZIP	MINNEAPOLIS MN	34 CITY-ST-ZIP	Bloomington, MN 55437	
TITLE	V	41 TITLE	T/D	☐ Change ☒ Addition
NAME	MARTENS, K.O.	42 NAME	Edward L. Zeman	
STREET ADDRESS	8400 NORMANDALE LAKE BLVD, #1150	43 STREET ADDRESS	8400 Normandale Lake Blvd. Ste 1150	
CITY-ST-ZIP	MINNEAPOLIS MN	44 CITY-ST-ZIP	Bloomington, MN 55437	
TITLE	V	51 TITLE	D	☐ Change ☒ Addition
NAME	CARLBLOM, RICHARD M.	52 NAME	Charles A. Geer	
STREET ADDRESS	8400 NORMANDALE LK BLVD, STE 1150	53 STREET ADDRESS	8400 Normandale Lake Blvd. Ste 1150	
CITY-ST-ZIP	MINEAPOLIS MN	54 CITY-ST-ZIP	Bloomington, MN 55437	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

4/15

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: _____ 4/12/95 (612) 835-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Edward L. Zeman

0467870 FP