

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 # 824202

1. Corporation Name

ALC FINANCIAL CORPORATION

Principal Place of Business

255 UNIVERSITY AVENUE
ST PAUL MINNESOTA 55103

Mailing Address

255 UNIVERSITY AVENUE
ST PAUL MINNESOTA 55103

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90003 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1970

4. FEI Number

41-0884308

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

2. Principal Place of Business

21 SAME
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME O
STREET ADDRESS SAXON, RONALD
CITY-ST-ZIP 4410 W 25TH ST
ST. LOUIS PARK MN 55416

TITLE ☐ DELETE

NAME P
STREET ADDRESS SAXON, JAMES
CITY-ST-ZIP 13 FENLEA CIR.
DELLWOOD MN

TITLE ☐ DELETE

NAME ST
STREET ADDRESS SAXON, JACK
CITY-ST-ZIP 1635 FOUR OAKS RD.
EAGAN MN

TITLE ☐ DELETE

NAME VP
STREET ADDRESS SAXON, DONALD
CITY-ST-ZIP 2504 PRINCETON
ST LOUIS PARK MN 55416

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

Date

651-222-0505

Daytime Phone #

CR2E034 (11/98)