

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 17 PM 1:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 848338 (0)**  
1. Corporation Name  
**RED WING SHOE COMPANY, INC.**

Principal Place of Business <b>314 MAIN ST RIVERFRONT CENTRE RED WING MN 55086</b>	Mailing Address <b>314 MAIN ST RIVERFRONT CENTRE RED WING MN 55086</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/24/1981</b>	3a. Date of Last Report <b>05/11/1994</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>41-0496220</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>22</b>	City & State <b>27</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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	<b>FL</b>
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CPD</b>	NAME <b>SWEASY, WILLIAM J.</b>	1.1 TITLE <b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1527 WEST 4TH ST.</b>	CITY - ST - ZIP <b>RED WING MN</b>	1.2 NAME <b>Sweasy William J.</b>	
		1.3 STREET ADDRESS <b>11330 Panama Ave S</b>	
		1.4 CITY - ST - ZIP <b>Hastings MN 55033</b>	
TITLE <b>VP</b>	NAME <b>GOGGIN, JOSEPH P.</b>	2.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>625 PINE STREET</b>	CITY - ST - ZIP <b>RED WING, MN 00000</b>	2.2 NAME <b>Same</b>	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE <b>VP</b>	NAME <b>CHALMERS, RICHARD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2392 CLOVER LANE</b>	CITY - ST - ZIP <b>RED WING, MN 00000</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE <b>T</b>	NAME <b>BRISTOL, GERALD A.</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>138 W GROVE STREET</b>	CITY - ST - ZIP <b>ELLSWORTH WI</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE <b>VP</b>	NAME <b>SKEEN, FRED</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1308 SOUTHWOOD AVE</b>	CITY - ST - ZIP <b>RED WING, MN 00000</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>SWEASY, EVELYN J.</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1527 WEST 4TH STREET</b>	CITY - ST - ZIP <b>RED WING, MN 00000</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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 110.07(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 my address.

SIGNATURE: *Gerald A. Bristol* **4/6/95** 612 388-8211  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #