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**Apr 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: **314 MAIN ST RIVERFRONT CENTRE RED WING MN 55066**

Mailing Address: **314 MAIN ST RIVERFRONT CENTRE RED WING MN 55066-2300**

3. Date Incorporated or Qualified: **02/24/1981**

3a. Date of Last Report: **04/26/1996**

4. FEI Number: **41-0498220**

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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and 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 (81-85) fields.

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CEO	NAME: SWEASY, WILLIAM J. STREET ADDRESS: 11330 PANAMA AVE S CITY-ST-ZIP: HASTINGS MN	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P	NAME: GOGGIN, JOSEPH P. STREET ADDRESS: 625 PINE STREET CITY-ST-ZIP: RED WING, MN 00000	1.3 STREET ADDRESS: 314 MAIN STREET	1.4 CITY-ST-ZIP: RED WING, MN 55066
TITLE: VP	NAME: CHALMERS, RICHARD STREET ADDRESS: 2392 CLOVER LANE CITY-ST-ZIP: RED WING, MN 00000	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TS	NAME: BRISTOL, GERALD A. STREET ADDRESS: 138 W GROVE STREET CITY-ST-ZIP: ELLSWORTH WI	2.3 STREET ADDRESS: 314 MAIN STREET	2.4 CITY-ST-ZIP: RED WING, MN 55066
TITLE: VP	NAME: SKEEN, FRED STREET ADDRESS: 1306 SOUTHWOOD AVE CITY-ST-ZIP: RED WING, MN 00000	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ] DELETE	NAME: [ ] DELETE	3.3 STREET ADDRESS: 314 MAIN STREET	3.4 CITY-ST-ZIP: RED WING, MN 55066
TITLE: [ ] DELETE	NAME: [ ] DELETE	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ] DELETE	NAME: [ ] DELETE	4.3 STREET ADDRESS: 314 MAIN STREET	4.4 CITY-ST-ZIP: RED WING, MN 55066
TITLE: [ ] DELETE	NAME: [ ] DELETE	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ] DELETE	NAME: [ ] DELETE	5.3 STREET ADDRESS: 314 MAIN STREET	5.4 CITY-ST-ZIP: RED WING, MN 55066
TITLE: [ ] DELETE	NAME: [ ] DELETE	6.1 TITLE: ASSISTANT TREASURER	6.2 NAME: BAWEK, RICK
TITLE: [ ] DELETE	NAME: [ ] DELETE	6.3 STREET ADDRESS: 314 MAIN STREET	6.4 CITY-ST-ZIP: RED WING, MN 55066

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* **Bawek** 4/4/97 (610) 385-1169

CR2E034 (9/96)