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 MAY -1 PM 1:32

DOCUMENT # 849815 (6)

1. Corporation Name

CBM INDUSTRIES OF MINNESOTA, INC.

Principal Place of Business
13220 COUNTY ROAD 6
MINNEAPOLIS MN 55441

Mailing Address
13220 COUNTY ROAD 6
MINNEAPOLIS MN 55441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1981
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 41-0910909 ☐ 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 ____________________ Signature, typed or printed name of registered agent and title if applicable ____ NOTE: Registered Agent signature required when reinstating ____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	WOOD, ROBERT J.	12 NAME		
STREET ADDRESS	4900 REGENTS WALK	13 STREET ADDRESS		
CITY ST ZIP	SHOREWOOD MN	14 CITY ST ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	WOOD, MARLYS	22 NAME		
STREET ADDRESS	4900 REGENTS WALK	23 STREET ADDRESS		
CITY ST ZIP	SHOREWOOD MN	24 CITY ST ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	WOOD, KURT R.	32 NAME		
STREET ADDRESS	6390 PLEASANTVIEW COVE	33 STREET ADDRESS		
CITY ST ZIP	CHANHASSEN MN	34 CITY ST ZIP		
TITLE		41 TITLE	Vice President	☐ Change ☒ Addition
NAME		42 NAME	Daniel R Rishavy	
STREET ADDRESS		43 STREET ADDRESS	14555 SW 75th St	
CITY ST ZIP		44 CITY ST ZIP	Miami FL 33183	
TITLE		51 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME		52 NAME	David R Nelson	
STREET ADDRESS		53 STREET ADDRESS	491 Ridge View Cir	
CITY ST ZIP		54 CITY ST ZIP	Hamel, MN 55340	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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 an address.

SIGNATURE: David R. Nelson David R Nelson 4-24-95 (612) 553-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0467487 FP