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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 19 1996 8:00 am  
Secretary of State

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

3. Date Incorporated or Qualified  
07/24/1981

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

41-0910909

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

25

Country

26

Country

27

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

NAME

PD  
WOOD, ROBERT J.  
4900 REGENTS WALK  
SHOREWOOD MN

STREET ADDRESS

CITY - ST - ZIP

TITLE

SD

☐ DELETE

NAME

WOOD, MARLYS  
4900 REGENTS WALK  
SHOREWOOD MN

STREET ADDRESS

CITY - ST - ZIP

TITLE

T

☐ DELETE

NAME

WOOD, KURT R.  
6390 PLEASANTVIEW COVE  
CHANNASSEN MN

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP

☒ DELETE

NAME

RISHAVY, DANIEL R.  
14555 SW 75TH ST  
MIAMI FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

AS

☐ DELETE

NAME

NELSON, DAVID R.  
491 RIDGE VIEW CIR  
HAMEL MN

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R Nelson David R Nelson 2-12-96 (612) 553-2200

Date

Daytime Phone #

CR2E034 (12/95)