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 MAR 31 AM 11:45

DOCUMENT # **854314** **(2)**

1. Corporation Name
TED GLASRUD ASSOCIATES, INC.

Principal Place of Business
431 SOUTH 7TH ST.
SUITE #2470
MINNEAPOLIS MN 55415

Mailing Address
431 SOUTH 7TH ST.
SUITE #2470
MINNEAPOLIS MN 55415

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1982
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 41-0970116 — 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
GLASRUD, THEODORE
4013 S.E. FAIRWAY EAST
STUART FL 34997

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 resigning) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Consultant - Director	☐ Change ☐ Addition
NAME	GLASRUD, THEODORE	1.2 NAME		
STREET ADDRESS	4013 S.E. FAIRWAY EAST	1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	President	☐ Change ☐ Addition
NAME	GLASRUD, THEODORE G.	2.2 NAME		
STREET ADDRESS	431 S 7TH STREET, #2470	2.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	POHL, GERALD	3.2 NAME		
STREET ADDRESS	431 S 7TH STREET, #2470	3.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	3.4 CITY-ST-ZIP		
TITLE	Vice President	4.1 TITLE		☐ Change ☐ Addition
NAME	Paul Kuehn	4.2 NAME		
STREET ADDRESS	1801 Rice Creek Rd.	4.3 STREET ADDRESS		
CITY-ST-ZIP	New Brighton, MN 55112	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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. Further certify that the information indicated on the 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: Theodore G. Glasrud — 3/17/95 — (612)341-2651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #