

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **855705** (0)
1. Corporation Name
SUPERIOR PRODUCTS MANUFACTURING COMPANY



Principal Place of Business 63 ST. ANTHONY PKWY MINNEAPOLIS MN 55418 US	Mailing Address P.O. BOX 1320 MINNEAPOLIS MN 5440 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/03/1983	
		4. FEI Number 93-0803249		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<input type="checkbox"/> DELETE		1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEYTON, PATRICK J			1.2 NAME	MARY J. RASLEY		
STREET ADDRESS	63 ST. ANTHONY PKWY			1.3 STREET ADDRESS	63 ST. ANTHONY PKWY		
CITY-ST-ZIP	MINNEAPOLIS MN			1.4 CITY-ST-ZIP	MINNEAPOLIS, MN		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHRISTIANSON, WARREN T			2.2 NAME	GERALDINE. A. RONNINGER		
STREET ADDRESS	63 ST. ANTHONY PKWY			2.3 STREET ADDRESS	63 ST. ANTHONY PKWY		
CITY-ST-ZIP	MINNEAPOLIS MN			2.4 CITY-ST-ZIP	MINNEAPOLIS, MN		
TITLE	C	<input type="checkbox"/> DELETE		3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PATTEN, MARK A			3.2 NAME	ERLYN E. CHRISTIANSON		
STREET ADDRESS	63 ST. ANTHONY PKWY			3.3 STREET ADDRESS	63 ST. ANTHONY PKWY		
CITY-ST-ZIP	MINNEAPOLIS MN			3.4 CITY-ST-ZIP	MINNEAPOLIS, MN		
TITLE	DCEO	<input type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHRISTIANSON, WARREN G			4.2 NAME	LYNN A. CHRISTIANSON		
STREET ADDRESS	63 ST. ANTHONY PKWY			4.3 STREET ADDRESS	63 ST. ANTHONY PKWY		
CITY-ST-ZIP	MINNEAPOLIS MN			4.4 CITY-ST-ZIP	MINNEAPOLIS, MN		
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSEN, RICHARD R.			5.2 NAME			
STREET ADDRESS	278 NORMAN RIDGE DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	BLOOMINGTON MN			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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:

PATRICK J PEYTON 1/19/98 (612) 781-5441

CR2E034 (10/97)