

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 856230 (8)

1. Corporation Name

UNITED TOTE COMPANY

Principal Place of Business

10115 CABIN CREEK ROAD
SHEPHERD MT 59079

Mailing Address

10115 CABIN CREEK ROAD
SHEPHERD MT 59079



3. Date Incorporated or Qualified

04/25/1983

3a. Date of Last Report

10/02/1995

2. Principal Place of Business

2a. Mailing Address

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State, Apt. #, etc.

State, Apt. #, etc.

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City & State

City & State

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Zip

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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)

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84 City

FL

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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 607.0605, Florida Statutes.

SIGNATURE

(Type, print, or type and print name of the registered agent, if the registered agent is a corporation, partnership, or other entity.)

(Type, print, or type and print name of the registered agent, if the registered agent is a corporation, partnership, or other entity.)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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STV
SHELHAMER, LINDA
10115 CABIN CREEK ROAD
SHEPHERD MT 59079
VD
AMUNDSON, GARY
10115 CABIN CREEK ROAD
SHEPHERD MT 59079
C
SHELHAMER, LLOYD
10115 CABIN CREEK ROAD
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V
METSCHULAT, FRED
10115 CABIN CREEK ROAD
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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.

David B. Kinnard

Vice President

SIGNATURE:

David B. Kinnard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/96

(406) 373-5507

FILE

DUPLICATE FEE: \$

CR2E034 (12/95)