

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90026 022 \*\*\*\*61.25

<b>DOCUMENT # F02000001541</b>					
<b>1. Entity Name</b> SCIENCE MUSEUM OF MINNESOTA, INCORPORATED					
<b>Principal Place of Business</b> 120 WEST KELLOGG BLVD. ST. PAUL, MN 55102			<b>Mailing Address</b> 120 WEST KELLOGG BLVD. ST. PAUL, MN 55102		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032005    Chg-NP    CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 41-0706172	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	P JOLLY, ERIC J DR. 120 WEST KELLOGG BLVD. ST. PAUL, MN 55102 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	V WILSON, KATHY 120 WEST KELLOGG BLVD. ST. PAUL, MN 55102 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	S NELSON, VIVIAN J AUGSBURG COLLEGE - PO BOX 77 MINNEAPOLIS, MN 55454 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Nestegard, Susan K. Ecolab Inc. 840 Sibley Memorial Hwy. St. Paul MN 55118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	T KULLER, HART SUITE 3500 225 SOUTH SIXTH STREET MINNEAPOLIS, MN 55402 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VC TUNHEIM, KATHRYN H 1100 RIVERVIEW TOWER, 8009-34TH AVE SOUTH MINNEAPOLIS, MN 55425 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	C O'BRIEN, GARY T 730 SECOND AVENUE SOUTH SUITE 1350 MINNEAPOLIS, MN 55402 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VC Sanofato, Donald Andersen Corp. 100 4th Ave. N. Bayport MN 55003 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>			1-6-5		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		

# ATTACHMENT

January 3, 2005

TO: Ann Crownhart  
FROM: Sharon Mallman

40010279  
# F0200000 1541


Attached Purchase order to Florida

When you process this purchase order, please send the original copy of the report with the check for submission to the State of Florida.

Thank you.

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## ATTACHMENT

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Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 41-0706172			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
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			City		
			FL Zip Code		
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SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOLLY, ERIC J DR.		NAME		
STREET ADDRESS	120 WEST KELLOGG BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL, MN 55102		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, KATHY		NAME		
STREET ADDRESS	120 WEST KELLOGG BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL, MN 55102		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NELSON, VIVIAN J		NAME	Nestegard, Susan K.	
STREET ADDRESS	AUGSBURG COLLEGE - PO BOX 77		STREET ADDRESS	Ecolab Inc. 840 Sibley Memorial Hwy.	
CITY-ST-ZIP	MINNEAPOLIS, MN 55454		CITY-ST-ZIP	St. Paul MN 55118	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KULLER, HART		NAME		
STREET ADDRESS	SUITE 3500 225 SOUTH SIXTH STREET		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55402		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUNHEIM, KATHRYN H		NAME	C	
STREET ADDRESS	1100 RIVERVIEW TOWER, 8009-34TH AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55425		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, GARY T		NAME	VC Garofalo, Donald L.	
STREET ADDRESS	730 SECOND AVENUE SOUTH SUITE 1350		STREET ADDRESS	Andersen Corp. 100 4th Ave. N.	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402		CITY-ST-ZIP	Bayport MN 55003	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

40010279

