

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002172

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** ACTIVAR CONSTRUCTION PRODUCTS GROUP, INC.

**Current Principal Place of Business:**

7808 CREEKRIDGE CIR., SUITE 200  
MINNEAPOLIS, MN 554392615

**New Principal Place of Business:**

**Current Mailing Address:**

7808 CREEKRIDGE CIR., SUITE 200  
MINNEAPOLIS, MN 554392615

**New Mailing Address:**

**FEI Number:** 41-1335237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAKER, JOHN  
5765 CORPORATION CIR.  
FT. MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PSC  
Name: REISSNER, JAMES L  
Address: 7808 CREEKRIDGE CIR., SUITE 200  
City-St-Zip: MINNEAPOLIS, MN 554392615

Title: DV  
Name: REISSNER, JON L  
Address: 7808 CREEKRIDGE CIR., SUITE 200  
City-St-Zip: MINNEAPOLIS, MN 554392615

Title: VD  
Name: REISSNER, JASON L  
Address: 7808 CREEKRIDGE CIR., SUITE 200  
City-St-Zip: MINNEAPOLIS, MN 554392615

Title: DT  
Name: PETRICH, JOSEPH A  
Address: 7808 CREEKRIDGE CIR., SUITE 200  
City-St-Zip: MINNEAPOLIS, MN 554392615

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH A. PETRICH

CFO

04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date