PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 JAN 29 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F47727

1. Corporation Name

Threadneedle Corporation

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4344 IDS Center		4344 IDS Center	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Minneapolis, MN		City & State: Minneapolis, MN	
Zip: 55402	Country: USA	Zip: 55402	Country: USA

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business In Florida: 10/01/1981

5. FEI Number: 59-2154539 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryant CONNIE BRYANT SPECIAL ASSISTANT SECRETARY | Date: 1/29/2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Exhibit A.		

REINSTATEMENT
RH

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

James A Mauth

SIGNATURE: [signature] President January 25, 2008 218-263-6865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EXHIBIT A

Title	Name	Street Address	City/State/ZIP
D/P	James D'Aquila	6 Crocus Hill	St. Paul, MN 55102
D	Barbara J. D'Aquila	1034 Summit Ave.	St. Paul, MN 55105
D	Patricia Merickel	2311 Richland Drive	Willmar, MN 56201
D	Margaret Mader	2615 Marlo Way	Lakeside Park, KY 41017
D	Mary K. Phillips	3324 LaSalle Trail	Michigan City, IN 46360
V/S/T	Steve Jarvi	225 1st St. N., Suite 2400	Virginia, MN, 55792-0960

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Florida Department of State

Division of Corporations

Public Access System

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Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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CORPORATION REINSTATEMENT

THREADNEEDLE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	03
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$ 3,900.00

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