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FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000000270 (0)

1. Corporation Name

CFSC CAPITAL CORP. III

Principal Place of Business

6000 CLEARWATER DRIVE
MINNETONKA MN 55343-9497
US

Mailing Address

P.O. BOX 5626 MS 26
MINNEAPOLIS MN 55440-5626
US



3. Date Incorporated or Qualified

11/17/1992

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

4. FEI Number

41-1725287

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME LEU, JEFFERY D.
STREET ADDRESS 6000 CLEARWATER DRIVE
CITY-ST-ZIP MINNETONKA MN

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME BARNETT, BRUCE H
STREET ADDRESS 15407 MCGINTY ROAD WEST
CITY-ST-ZIP WAYZATA MN 55391

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME SMITH, JEANNE Y
STREET ADDRESS 15615 MCGINTY ROAD WEST
CITY-ST-ZIP WAYZATA MN

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MACLENNAN, DAVAI W.
STREET ADDRESS 15407 MCGINTY RD/
CITY-ST-ZIP WAYZATA MN

4.1 TITLE AS
4.2 NAME GJERSDAL, HENRY W.
4.3 STREET ADDRESS 15407 MCGINTY ROAD
4.4 CITY-ST-ZIP WAYZATA MN 55391

TITLE D
NAME ROGERS, DAVID W.
STREET ADDRESS 15407 MCGINTY ROAD WEST
CITY-ST-ZIP WAYZATA MN

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS
NAME CARLSON, ANNE E
STREET ADDRESS 15615 MCGINTY RD W
CITY-ST-ZIP WAYZATA MN

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 amendment with an address.

SIGNATURE: *Bruce H. Barnett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE H. BARNETT

4-24-97
Date

612-742-6406
Daytime Phone #

CR2E034 (9/96)