FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED

95 MAY -1 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000357 (5)**

1. Corporation Name

NORTHWEST PARS, INC.

Principal Place of Business	Mailing Address
5101 NOTHWEST DRIVE ST. PAUL MN 55111-3034	5101 NOTHWEST DRIVE DEPARTMENT A4450 ST. PAUL MN 55111-3034 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 11/20/1992	3a. Date of Last Report: 05/01/1994
21	26	4. FEI Number: 41-1574350	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President	☒ Change ☐ Addition
NAME	~~HIRST, RICAHRD B~~	1.2 NAME	Barry A. Kotar	
STREET ADDRESS	~~4401 E. LAKE HARRIET PARKWAY~~	1.3 STREET ADDRESS	2875 Gale Road	
CITY-ST-ZIP	~~MINNEAPOLIS MN 55409~~	1.4 CITY-ST-ZIP	Woodland, MN 55391	
TITLE	VD	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	~~KOTAR, BARRY~~	2.2 NAME	Rolf S. Andresen	
STREET ADDRESS	~~2875 GALE RD~~	2.3 STREET ADDRESS	13606 Duluth Drive	
CITY-ST-ZIP	~~WOODLAND MN~~	2.4 CITY-ST-ZIP	Apple Valley, MN 55124	
TITLE	D	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	~~NORDQUIST, LANE C~~	3.2 NAME	Prentice E. Brooks	
STREET ADDRESS	~~9901 PALMER RD~~	3.3 STREET ADDRESS	7711 N.W. 70th	
CITY-ST-ZIP	~~BLOOMINGTON MN~~	3.4 CITY-ST-ZIP	Kansas City, MO 64152	
TITLE	V	4.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	~~LEVINSON, KENNETH S~~	4.2 NAME	Douglas M. Steenland	
STREET ADDRESS	~~401 PEAVEY LANE~~	4.3 STREET ADDRESS	4528 Fremont Avenue South	
CITY-ST-ZIP	~~WAYZATA MN 55346~~	4.4 CITY-ST-ZIP	Minneapolis, MN 55409	
TITLE	AS	5.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	JOHNSON, KEVIN J	5.2 NAME		
STREET ADDRESS	4386 LIVINGSTON DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	EAGAN MN 55123	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 above, or on an attachment with an address.

SIGNATURE: _____ 4-24-95 _____ 612/726-7230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President

0480033 FP