

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F92000000357 (5)**

1. Corporation Name

NORTHWEST PARS, INC.



Principal Place of Business

**5101 NORTHWEST DRIVE
ST. PAUL MN 55111-3034**

Mailing Address

**5101 NORTHWEST DRIVE
DEPARTMENT A4450
ST. PAUL MN 55111-3034
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/20/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

41-1574350

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

10. Name and Address of New Registered Agent

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 or director

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	KOTAR, BARRY A.	
STREET ADDRESS	2875 GALE ROAD	
CITY-ST-ZIP	WOODLAND MN	
TITLE	VP	☐ DELETE
NAME	ANDRESEN, ROLF S.	
STREET ADDRESS	13606 DULUTH DRIVE	
CITY-ST-ZIP	APPLE VALLEY MN	
TITLE	D	☒ DELETE
NAME	BROOKS, PRENTICE E.	
STREET ADDRESS	7711 NW 70TH	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	VP	☐ DELETE
NAME	STEENLAND, DOUGLAS M.	
STREET ADDRESS	4528 FREMONT AVENUE SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	S	☒ DELETE
NAME	JOHNSON, KEVIN J	
STREET ADDRESS	4386 LIVINGSTON DRIVE	
CITY-ST-ZIP	EAGAN MN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	Michael E. Levine	
1.3 STREET ADDRESS	5101 Northwest Drive	
1.4 CITY-ST-ZIP	St. Paul, MN 55111-3034	
2.1 TITLE	VP/D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	5101 Northwest Drive	
2.4 CITY-ST-ZIP	St. Paul, MN 55111-3034	
3.1 TITLE	VP	☐ Change ☒ Addition
3.2 NAME	J. Timothy Griffin	
3.3 STREET ADDRESS	5101 Northwest Drive	
3.4 CITY-ST-ZIP	St. Paul, MN 55111-3034	
4.1 TITLE	VP/D	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	5101 Northwest Drive	
4.4 CITY-ST-ZIP	St. Paul, MN 55111-3034	
5.1 TITLE	T	☐ Change ☒ Addition
5.2 NAME	Thomas S. Schreier, Jr.	
5.3 STREET ADDRESS	5101 Northwest Drive	
5.4 CITY-ST-ZIP	St. Paul, MN 55111-3034	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 deleted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rolf S. Andresen, Vice President

for 4 23 96 612/726-7230
(Date) (Typed Name)

CR2E034 (12/95)