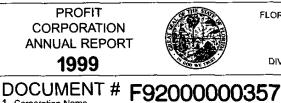
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

Katherine Harris

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90080 011 \*\*\*150.00

NORTHWEST PARS, INC. Principal Place of Business Mailing Address 5101 NW DR 5101 NW DR ST. PAUL MN 55111-3034 **DEPARTMENT A4450** DO NOT WRITE IN THIS SPACE ST. PAUL MN 55111-3034 3. Date Incorporated or Qualifed US 11/20/1992 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 41-1574350 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing  $\Box$ Added to Fees Trust Fund Contribution 23 Zip Country Zip Country 8. This corporation owes the current year Intangible X□No Personal Property Tax. 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 85 Zip Code City 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. (NOTE; Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. OFFICERS AND DIRECTORS 1 DELETE ☐ Change ! Addition 1.1 TITLE TITLE MICHAEL E. LEVINE 12 NAME NAME 5101 NORTHWEST DRIVE 1.3 STREET ADDRESS STREET ADDRESS ST. PAUL MN 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE ANDRESEN, ROLF S. 2.2 NAME NAME 5101 NORTHWEST DRIVE STREET ADDRESS 2.3 STREET ADDRESS ST. PAUL MN 2.4 CITY-ST-ZIP CITY-ST-ZIP  $\mathbb{P}\mathbb{D}$ ☐ DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE J. TIMOTHY GRIFFIN 3.2 NAME NAME 5101 NORTHWEST DRIVE 3.3 STREET ADDRESS STREET ADDRESS ST. PAUL MN CITY-ST-ZIP 3.4. CITY-ST-ZIP Change ☐ Addition VDS DELETE 4.1 TITLE TITLE STEENLAND, DOUGLAS M 4. 2 NAME NAME 5101 NORTHWEST DRIVE 4.3 STREET ADDRESS STREET ADDRES ST. PAUL MN 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME LENZA, A M 5.3 STREET ADDRESS 5101 NORTHWEST DR STREET ADDRESS 5.4 CITY-ST-ZIP ST PAUL MN CITY-ST-ZIP Change ☐ Addition 6.1 TITLE □ DELETE TITLE LEVINSON, KENNETH S 6.2 NAME NAME 5101 NORTHWEST DRIVE STREET ADDRESS

CITY-ST-ZIP 14. I 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 supplies with an similar does not quality for the exemption stated in section 119.07(5)(i), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental 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 attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CR2E034