

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 05 1997 8:00am
Secretary of State

DOCUMENT # F93000002658 (3)

1. Corporation Name

HARMONY BROOK, INC.

Principal Place of Business

1030 LONE OAK ROAD
EAGAN MN 55121

Mailing Address

1030 LONE OAK ROAD
EAGAN MN 55121-2251



3. Date Incorporated or Qualified

06/07/1993

3a. Date of Last Report

06/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

41-1648132

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANATION FL 33324

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME HAWLEY, JAMES R
STREET ADDRESS 1030 LONE OAK RD., STE. 110
CITY-ST-ZIP EAGAN MN 55121

TITLE CS ☐ DELETE

NAME QUAM, NANCY A
STREET ADDRESS 601 LAKESHORE PARKWAY, SUITE 1140
CITY-ST-ZIP MINNETONKA MN 55305

TITLE CC ☐ DELETE

NAME EIDSNESS, ALAN C
STREET ADDRESS 1200 TITLE INSURANCE BUILDING
CITY-ST-ZIP MINNEAPOLIS MN 55401

TITLE D ☐ DELETE

NAME BRATTAIN, DON
STREET ADDRESS 601 LAKESHORE PKWY., STE. 1140
CITY-ST-ZIP MINNEAPOLIS MN 55305

TITLE D ☐ DELETE

NAME HENDERSON, DAVE
STREET ADDRESS 601 LAKESHORE PKWY., STE. 1140
CITY-ST-ZIP MINNEAPOLIS MN 55305

TITLE D ☒ DELETE

NAME JOHNSON, BILL
STREET ADDRESS P.O. BOX 919 N/A
CITY-ST-ZIP MUSKOGEE OK 74402

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Director
Gordon Stofer
1400 Northland Plaza
Bloomington, MN 55431

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 attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

5/21/97

(612)681-9000

CR2E034 (9/96)