

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90290 032 ***150.00

DOCUMENT # F93000002658

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1993

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

One Culligan Pkwy

Northbrook, IL

60062 USA

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PCEO	HAWLEY, JAMES R	1030 LONE OAK RD., STE. 110	EAGAN MN 55121	<input checked="" type="checkbox"/>
CS	QUAM, NANCY A	601 LAKESHORE PARKWAY, SUITE 1140	MINNETONKA MN 55305	<input checked="" type="checkbox"/>
CC	EIDNESS, ALAN C	1200 TITLE INSURANCE BUILDING	MINNEAPOLIS MN 55401	<input checked="" type="checkbox"/>
D	BRATTAIN, DON	601 LAKESHORE PKWY., STE. 1140	MINNEAPOLIS MN 55305	<input checked="" type="checkbox"/>
D	HENDERSON, DAVE	601 LAKESHORE PKWY., STE. 1140	MINNEAPOLIS MN 55305	<input checked="" type="checkbox"/>
D	STOFER, GORDON	1400 NORTHLAND PLAZA	BLOOMINGTON MN	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D, P	Calvin R. Hendrix	1 Culligan Pkwy	Northbrook, IL 60062	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D, V, P, S	Michael E. Hulme, Jr.	1 Culligan Pkwy	Northbrook, IL 60062	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D, V, P, T	Ross M. Campbell	1 Culligan Pkwy	Northbrook, IL 60062	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	Amy G. Gossin	40-004 Cook St.	Palm Desert, CA 92211	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Kevin L. Spence	40-004 Cook St.	Palm Desert, CA 92211	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
AT	William F. White	1 Culligan Pkwy	Northbrook, IL 60062	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

414-521-8504

Date

Daytime Phone #

CR2E034 (11/98)