FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 26 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004147 (5)**

1. Corporation Name
RAVEN INDUSTRIES OF SOUTH DAKOTA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5107 SIOUX FALLS SD 57117-5107	P.O. BOX 5107 SIOUX FALLS SD 57117-5107

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/13/1993**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **46-0246171** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION 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 _____ 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	C	1.1 TITLE		☐ Change ☐ Addition
NAME	HOIGAARD, CONRAD J	1.2 NAME		
STREET ADDRESS	3550 S. HIGHWAY 100	1.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55416	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LEAHY, EDWARD J	2.2 NAME		
STREET ADDRESS	406 E. 27TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS SD 57105	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, MARK E	3.2 NAME		
STREET ADDRESS	2701 S MINNESOTA, SUITE 1	3.3 STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS SD 57105	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	LARSON, O. DALE	4.2 NAME		
STREET ADDRESS	2333 EASTBROOK DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKINGS SD 57006	4.4 CITY-ST-ZIP	O. Dale Larson is no longer a director.	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SKOGLUND, JOHN C	5.2 NAME		
STREET ADDRESS	1840 FOX STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA MN 55391	5.4 CITY-ST-ZIP		
TITLE	PD	6.1 TITLE		☒ Change ☐ Addition
NAME	CHRISTENSEN, DAVID A	6.2 NAME		
STREET ADDRESS	P.O. BOX 5107 N/A	6.3 STREET ADDRESS	205 E 6th Street	
CITY-ST-ZIP	SIOUX FALLS SD	6.4 CITY-ST-ZIP	Sioux Falls, SD 57102	

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 if changed, or on an attachment with an address.

SIGNATURE: Arnold J. Thue — Arnold J. Thue 4/13/95 (605) 336-2750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E010 (1/95)

F9300600447

TITLE	D
NAME	KIRBY KEVIN T
STREET ADDRESS	P.O. BOX 5127 N/A
CITY-ST-ZIP	SIOUX FALLS SD 57117-5127

TITLE	V
NAME	CONRADI GARY L
STREET ADDRESS	4204 TEAKWOOD AVENUE
CITY-ST-ZIP	SIOUX FALLS SD 57103

TITLE	V
NAME	MOQUIST RONALD M
STREET ADDRESS	1201 TOMAR ROAD
CITY-ST-ZIP	SIOUX FALLS SD 57105

TITLE	V/T/S
NAME	THUE ARNOLD J
STREET ADDRESS	RT #1 N/A
CITY-ST-ZIP	BRANDON SD 57005