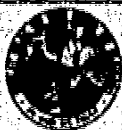


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morheim
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

P.O. BOX 5107
SIOUX FALLS SD 57117-5107

Mailing Address

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

4. FBI 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

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

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

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

**C
HOIGAARD, CONRAD J
3550 S. HIGHWAY 100
MINNEAPOLIS MN 55416**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
LEAHY, EDWARD J
406 E. 27TH STREET
SIOUX FALLS SD 57105**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
GRIFFIN, MARK E
2701 S MINNESOTA, SUITE 1
SIOUX FALLS SD 57105**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
LARSON, O. DALE
2333 EASTBROOK DRIVE
BROOKINGS SD 57006**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
SKOGLUND, JOHN C
1840 FOX STREET
WAYZATA MN 55391**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
CHRISTENSEN, DAVID A
P.O. BOX 5107 N/A
SIOUX FALLS SD**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

O. Dale Larson is no longer a director.

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**205 E 6th Street
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)(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 changed, or on an attachment with an address.

SIGNATURE:

Arnold J. Thuo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnold J. Thuo 4/13/95

(605) 336-2750

(Title)

(Telephone #)

F93006004147

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