

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

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**May 05 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**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**

3. Date Incorporated or Qualified: **09/13/1993**      3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business: Suite, Apt. #, etc.      2a. Mailing Address: Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

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      85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOIGAARD, CONRAD J</b>	1.2 NAME	
STREET ADDRESS	<b>3550 S. HIGHWAY 100</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55416</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIFFIN, MARK E</b>	2.2 NAME	
STREET ADDRESS	<b>2701 S MINNESOTA, SUITE 1</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SIOUX FALLS SD 57105</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTENSEN, DAVID A</b>	3.2 NAME	
STREET ADDRESS	<b>205 E 6TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SIOUX FALLS SD</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUR, ANTHONY W</b>	4.2 NAME	
STREET ADDRESS	<b>600 E 48TH ST N</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SIOUX FALLS SD</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Arnold J. Thue*      **Arnold J. Thue**      4/21/97      (605) 336-2750

CR2E034 (9/96)

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

TITLE D  
NAME SKOGLUND JOHN C  
STREET ADDRESS 4900 IDS CENTER  
CITY-ST-ZIP MINNEAPOLIS MN 55402

NAME EVERIST THOMAS S  
STREET ADDRESS 300 S PHILLIPS AVE, SUITE 200  
CITY-ST-ZIP SIOUX FALLS SD 57104

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