

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

DOCUMENT # F93000004147

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90004 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1993

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 owes the current year Intangible
Personal Property Tax. ☒ 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

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 ☐ DELETE

NAME **C**
HOIGAARD, CONRAD J
STREET ADDRESS **3550 S. HIGHWAY 100**
CITY-ST-ZIP **MINNEAPOLIS MN 55416**

TITLE ☐ DELETE

NAME **D**
GRIFFIN, MARK E
STREET ADDRESS **2701 S MINNESOTA, SUITE 1**
CITY-ST-ZIP **SIOUX FALLS SD 57105**

TITLE ☐ DELETE

NAME **PD**
CHRISTENSEN, DAVID A
STREET ADDRESS **205 E 6TH STREET**
CITY-ST-ZIP **SIOUX FALLS SD**

TITLE ☐ DELETE

NAME **D**
BOUR, ANTHONY W
STREET ADDRESS **701 PINE LAKE RIDGE**
CITY-ST-ZIP **SIOUX FALLS SD 57110**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D**
Kirby, Kevin T
1.3 STREET ADDRESS **P.O. Box 5127**
1.4 CITY-ST-ZIP **SIOUX FALLS, SD 57117-5127**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D**
Skoglund, John C
2.3 STREET ADDRESS **4900 IDS Center**
2.4 CITY-ST-ZIP **Minneapolis, MN 55402**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **V**
Conradi, Gary L
3.3 STREET ADDRESS **4204 Teakwood Avenue**
3.4 CITY-ST-ZIP **SIOUX FALLS, SD 57103**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **V/T/S**
Iacarella, Thomas
4.3 STREET ADDRESS **913 East 61st Street**
4.4 CITY-ST-ZIP **SIOUX FALLS, SD 57108**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **V**
Moquist, Ronald M
5.3 STREET ADDRESS **1201 Tomar Road**
5.4 CITY-ST-ZIP **SIOUX FALLS, SD 57105**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Thomas Iacarella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (605) 336-2750
Date Daytime Phone #

CR2E034 (1/98)