

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F93000004147**

1. Entity Name

**RAVEN INDUSTRIES OF SOUTH DAKOTA, INC.****FILED****Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90077 019 \*\*\*150.00

**C0008982**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>HOIGAARD, CONRAD J</b>	
STREET ADDRESS	<b>3550 S. HIGHWAY 100</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55416</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, MARK E</b>	
STREET ADDRESS	<b>2701 S MINNESOTA, SUITE 1</b>	
CITY-ST-ZIP	<b>SIOUX FALLS SD 57105</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CHRISTENSEN, DAVID A</b>	
STREET ADDRESS	<b>205 E 6TH STREET</b>	
CITY-ST-ZIP	<b>SIOUX FALLS SD</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOUR, ANTHONY W</b>	
STREET ADDRESS	<b>701 PINE LAKE RIDGE</b>	
CITY-ST-ZIP	<b>SIOUX FALLS SD 57110</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIRBY, KEVIN T</b>	
STREET ADDRESS	<b>PO BOX 5127</b>	
CITY-ST-ZIP	<b>SIOUX FALLS SD 57117-5127</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SKOGLUND, JOHN C</b>	
STREET ADDRESS	<b>4900 IDS CTR</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55402</b>	

TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ronald M. Moquist</b>	
STREET ADDRESS	<b>PO Box 5107</b>	
CITY-ST-ZIP	<b>Sioux Falls, SD 57117-5107</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas S. Everist</b>	
STREET ADDRESS	<b>300 S. Phillips Ave., Suite 200</b>	
CITY-ST-ZIP	<b>Sioux Falls, SD 57117-5829</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gary L. Conradi</b>	
STREET ADDRESS	<b>4204 Teakwood Avenue</b>	
CITY-ST-ZIP	<b>Sioux Falls, SD 57103</b>	
TITLE	<b>V/T/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas Iacarella</b>	
STREET ADDRESS	<b>913 E. 61st Street</b>	
CITY-ST-ZIP	<b>Sioux Falls, SD 57108</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 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

01-11-00

Date

(605) 336-2750

Daytime Phone #

CR2E034 (9/99)