FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 JUL 19 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004882 (7)

1. Corporate Name

HEALAN COMMUNICATIONS, INC.

100001544751
-07/25/95--01019--013
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business

12400 WHITEWATER DR.
SE. 2010
MINNETONKA MN 55343
US

Mailing Address

12400 WHITEWATER DR.
STE. 2010
MINNETONKA MN 55343
US

3. Date Incorporated or Qualified: 10/28/1993

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Bldg. — 22

Suite, Apt. # or Bldg. — 27

City & State — 23

City & State — 28

24 25 29 30

4. FEI Number: 58-1676986 — 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. The corporation has taken, for income tax under S. 220.03(3) 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 Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation hereby accepts the appointment as registered agent. Its business office is identical with the registered office.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	O'REILLY, WILLIAM
STREET ADDRESS	27777 FRANKLIN RD.
CITY, ST, ZIP	SPUTAFIELD MI
TITLE	SD
NAME	LEWIS, CLAUDET
STREET ADDRESS	27777 FRANKLIN RD
CITY, ST, ZIP	SOUTHFIELD MI
TITLE	PD
NAME	TRAYNOR, MACK
STREET ADDRESS	124009 WHITEWATER DR.
CITY, ST, ZIP	MINNETONKA MN
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TLS 7/19/95

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS

TITLE	CD	☒ Change ☐ Add/Del
NAME	BERNARD EBBERS	
STREET ADDRESS	515 E. AMITE ST	
CITY, ST, ZIP	JACKSON, MS	
TITLE	SD	☒ Change ☐ Add/Del
NAME	SCOTT SULLIVAN	
STREET ADDRESS	515 E. AMITE ST.	
CITY, ST, ZIP	JACKSON, MS	
TITLE		☐ Change ☐ Add/Del
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Add/Del
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Add/Del
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Add/Del
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby 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 12 or Block 13 of this report or on any attached sheet with an address.

SIGNATURE: Scott Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95
DATE

(612) 945-2300
DAYTIME PHONE #

0467287 FP