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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **F93000005002 (1)**

1. Corporation Name

**NORTHLAND RISK MANAGEMENT SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1295 NORTHLAND DR.<br>MENDOTA HEIGHTS MN 55120 | P. O. BOX 64816<br>ST. PAUL MN 55164-0816<br>US |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 11/01/1993 | 3a. Date of Last Report: 02/15/1995 |
| 4. FEI Number: 41-1720288 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ No | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ No | $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 | 2a. Mailing Address |
|---|---|
| 21 1285 Northland Dr. | 26 |
| Suite, Apt. #, etc.<br>22 Mendota Heights, MN | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 55120 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

**10. Name and Address of New Registered Agent**

81 Name: No Change
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: No Change
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHAPMAN, AUSTIN<br>1285 NORTHLAND DRIVE<br>MENDOTA HEIGHTS MN ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEO<br>GOPON, GENE G<br>1295 NORTHLAND DRIVE<br>MENDOTA HEIGHTS MN ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Pres., Dir.<br>1285 Northland Dr. ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SIMON, JEROME B<br>2900 NORWEST CENTER, 90 SOUTH 7TH ST.<br>MINNEAPOLIS MN 55402-4133 ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Dir. ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CFO<br>PETERSON, WILLIAM C<br>1285 NORTHLAND DRIVE<br>MENDOTA HEIGHTS MN ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Trea. ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASVP<br>SUTHERLAND, BARBARA L<br>1295 NORTHLAND DR.<br>ST. PAUL MN 55120 ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Ass. Sec., VP, Gen. Coun.<br>1285 Northland Dr. ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Barbara L Sutherland 1/26/96 612-688-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

**NORTHLAND RISK MANAGEMENT SERVICES, INC.**
**EXHIBIT 1**
**OFFICERS & DIRECTORS**

| | | | | |
|---|---|---|---|---|
| President<br>CEO<br>Director | 336-36-0190 | Gene George Gopon<br>20645 Radisson Rd.<br>Shorewood, MN 55331 | 1285 Northland Dr. | Mendota Heights, MN 55120 |
| Secretary | 473-24-8133 | Jerome Bernard Simon<br>1830 Eagle Ridge Dr.<br>St. Paul, MN 55118 | Maun & Simon<br>2900 Norwest Center<br>90 South 7th St. | Minneapolis, MN 55402-4133 |
| Treasurer | 470-74-8036 | William Carl Peterson<br>13420 Guild Avenue<br>Apple Valley, MN 55124 | 1285 Northland Dr. | Mendota Heights, MN 55120 |
| Asst. Secretary<br>Vice President | 310-56-9811 | Barbara L. Sutherland<br>4300 Westchester Dr.<br>Eagan, MN 55123 | 1285 Northland Dr. | Mendota Heights, MN 55120 |
| Ex. Vice Pres. | 333-48-7675 | Randall Dean Jones<br>13657 Duluth Dr.<br>Apple Valley, MN 55124 | 1295 Northland Dr. | Mendota Heights, MN 55120 |
| Sr. Vice Pres. | 349-36-5611 | Daniel John Zaborsky<br>22280 Bracketts Rd.<br>Shorewood, MN 55331 | 1285 Northland Dr. | Mendota Heights, MN 55120 |
| Vice President | 510-54-6019 | James Patrick LeRoy<br>714 Brentwood Lane<br>Eagan, MN 55123 | 1285 Northland Dr. | Mendota Heights, MN 55120 |