FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Jan 22 1997 8:00am
Secretary of State

DOCUMENT # **F93000005002 (1)**

1. Corporation Name
NORTHLAND RISK MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1285 NORTHLAND DR MENDOTA HEIGHTS MN 55120 US	P. O. BOX 64816 ST. PAUL MN 55164-0816 US

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business — 21: No Change
2a. Mailing Address — 26: No Change

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

23 City & State
28 City & State

24 Zip / 25 Country
29 Zip / 30 Country

4. FEI Number: 41-1720288 ☐ 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

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOPON, GENE G		1.2 NAME		
STREET ADDRESS	1285 NORTHLAND DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MENDOTA HEIGHTS MN		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIMON, JEROME B		2.2 NAME		
STREET ADDRESS	2900 NORWEST CENTER, 90 SOUTH 7TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, WILLIAM C		3.2 NAME		
STREET ADDRESS	1285 NORTHLAND DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MENDOTA HEIGHTS MN		3.4 CITY-ST-ZIP		
TITLE	ASVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SUTHERLAND, BARBARA L		4.2 NAME		
STREET ADDRESS	1285 NORTHLAND DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] Harley J. Franken 1/9/97 612-681-3095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NORTHLAND RISK MANAGEMENT SERVICES, INC.
EXHIBIT I
OFFICERS & DIRECTORS

President CEO Director	336-36-0190	Gene George Gopon 20645 Radisson Rd. Shorewood, MN 55331	1285 Northland Dr.	Mendota Heights, MN 55120
Secretary	473-24-8133	Jerome Bernard Simon 1830 Eagle Ridge Dr. St. Paul, MN 55118	Maun & Simon 2000 Midwest Plaza Bldg. W. 801 Nicollet Mall	Minneapolis, MN 55402
Treasurer	470-74-8036	William Carl Peterson 13420 Guild Avenue Apple Valley, MN 55124	1285 Northland Dr.	Mendota Heights, MN 55120
Asst. Secretary Vice President	310-56-9811	Barbara L. Sutherland 4300 Westchester Dr. Eagan, MN 55123	1285 Northland Dr.	Mendota Heights, MN 55120
Ex. Vice Pres.	333-48-7675	Randall Dean Jones 13657 Duluth Dr. Apple Valley, MN 55124	1295 Northland Dr.	Mendota Heights, MN 55120
Sr. Vice Pres.	349-36-5611	Daniel John Zaborsky 22280 Bracketts Rd. Shorewood, MN 55331	1285 Northland Dr.	Mendota Heights, MN 55120
Vice President	480-54-9279	Harley James Franken 14885 Tealwood Court Eden Prairie, MN 55347	1285 Northland Dr.	Mendota Heights, MN 55120

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