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**PROFIT** CORPORATION ANNUAL REPORT

1999

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9300005002

NORTHLAND RISK MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address								#   <b>                                   </b>		1121 <b>1</b> 1311 <b>12</b> 111	80110   1161   1861
1285 NORTHLAND DR		Р. О	P. O. BOX 64816								
MENDOTA HEIGHTS MN 55120			ST. PAUL MN 55164-0816				DO NOT WRITE IN THIS SPACE				
us		US	US			}	3. Date Incorporated or Qualifed				
								11/01/1993			
2 Principal D	lace of Business	2a.	Mailing Address					4. FEI Number		Ac	plied For
<u> </u>	ace or business	26	maining / laureus					41-1720288			t Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.							\$8.75	Additional
22		27	• •					5. Certifcate of Status Desired		Fee Re	equired
City & State	6		City & State					6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Added	to Fees
Zip	Country		Zip	Cou	intry			8. This corporation owes the curre	ent year Inta		_
24	25	29		30				Personal Property Tax.		☐Yes	□No
_	9. Name and Address of Curre	nt Regist	ered Agent		241			10. Name and Address of New Ro	egistered /	Agent	
07.0	CODDODATION OVETEN				81	Name					
	CORPORATION SYSTEM				82	Street A	ddres	s (P.O. Box Number is Not Acceptate	ble)		
	SOUTH PINE ISLAND ROAD										
PLAN	NTATION FL 33324				83						
					84	City				85 Zip	Code
					ļL.			i the state of the	<u> </u>	hanging its	rogistered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	e of Florida	a. Such change was au	itnorizea	I DY IN	named o ne corpo	corpora ration's	s board of directors. I hereby accept	the appoir	itment as re	gistered
agent. I ar	m familiar with, and accept the obliga	ations of,	Section 607.0505, Flori	ida Statı	utes.						
SIGNATURE							and the same	han asimutation)	NATE		
	Signature, typed or printed name of registered age				Agent s	signature re	quired w	then reinstating) ADD/TIONS/CHANGES TO OFF	DATE	D DIRECTO	RS IN 12
12.	OFFICERS AI			Registered 13.			D,	ADDITIONS/CHANGES TO OFF		D DIRECTO	DRS IN 12
12.	OFFICERS AI		CTORS	13.	TLE		D,	ADDITIONS/CHANGES TO OFF			
12. TITLE NAME	OFFICERS AI PD GOPON, GENE G		CTORS	13. 1.1 TII 1.2 NA	TLE NME		D,	ADDITIONS/CHANGES TO OFF			
12. TITLE NAME STREET ADDRESS	OFFICERS AI PD GOPON, GENE G 1285 NORTHLAND DR		CTORS	13. 1.1 TII 1.2 NA 1.3 ST	TLE AME TREET A	ADORESS	D,	ADDITIONS/CHANGES TO OFF			
12. TITLE NAME STREET ADDRESS CITY-ST-ZiP	OFFICERS AI PD GOPON, GENE G 1285 NORTHLAND DR MENDOTA HEIGHTS MN		CTORS	13. 1.1 TII 1.2 NA 1.3 ST	TLE AME TREET A TY-ST-	ADORESS	D,	ADDITIONS/CHANGES TO OFF			
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AI PD GOPON, GENE G 1285 NORTHLAND DR MENDOTA HEIGHTS MN D SIMON, JEROME B 2900 NORWEST CENTER, 90	ND DIREC	CTORS  DELETE  DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	TLE AME TREET A TY-ST-: TLE AME	ADORESS ZIP AODRESS	D,	ADDITIONS/CHANGES TO OFF		K Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AI PD GOPON, GENE G 1285 NORTHLAND DR MENDOTA HEIGHTS MN D SIMON, JEROME B	ND DIREC	CTORS  DELETE  DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	TLE TREET A TY-ST- TLE AME TREET A	ADORESS ZIP AODRESS	D,	ADDITIONS/CHANGES TO OFF		K Change	☐ Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AI PD GOPON, GENE G 1285 NORTHLAND DR MENDOTA HEIGHTS MN D SIMON, JEROME B 2900 NORWEST CENTER, 90 MINNEAPOLIS MN T PETERSON, WILLIAM C 1285 NORTHLAND DRIVE MENDOTA HEIGHTS MN ASVP SUTHERLAND, BARBARA L 1285 NORTHLAND DR	ND DIREC	DELETE  TH ST.  DELETE  DELETE	13. 1.1 TIII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 TIII 6.2 NA	TLE TREET A TY-ST- TLE TREET A TTY-ST- TLE TREET A TTY-ST- TLE TREET A TY-ST- TLE TTY-ST- TLE	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	VP, Sut EVP Zab 129 Men P,(	ADDITIONS/CHANGES TO OFF COB  on, Gene G  S,D herland, Barbara L  ,T,D orsky, Daniel J 5 Northland Dr dota Heights, MN		Change  ☐ Change  ☐ Change	Addition Addition Addition Addition

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 logal 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.

Interland Barbara L. Sutherland 1-20-99

651-688-4500