FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F93000005114 (4)**

1. Corporation Name
WILSONS HOUSE OF SUEDE, INC.

Principal Place of Business	Mailing Address
~~400 S. HWY. 169~~ ~~SUITE 600~~ ~~MINNEAPOLIS MN 55426~~	~~400 S. HWY. 169~~ ~~SUITE 600~~ ~~MINNEAPOLIS MN 55426-1114~~

3. Date Incorporated or Qualified: 11/12/1993
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business	2a. Mailing Address
21 7401 Boone Ave. No.	26 7401 Boone Ave. No.
Suite, Apt. # etc. 22	Suite, Apt. #, etc. 27
City & State 23 Brooklyn Park MN	City & State 28 Brooklyn Park MN
Zip 24 55428 Country 25 Hennepin	Zip 29 55428 Country 30 Hennepin

4. FEI Number: 95-1576546 ☐ 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	10. Name and Address of New Registered Agent
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Chairman	☑ Change ☐ Addition
NAME	WALLER, JOEL N		1.2 NAME		
STREET ADDRESS	~~400 S. HWY. 169, #600~~		1.3 STREET ADDRESS	7401 Boone Ave. No.	
CITY-ST-ZIP	~~MINNEAPOLIS MN 55426~~		1.4 CITY-ST-ZIP	Brooklyn Park MN 55428	
TITLE	V	☑ DELETE	2.1 TITLE	President	☐ Change ☑ Addition
NAME	~~JOHNSON, BRAD~~		2.2 NAME	David Rogers	
STREET ADDRESS	~~400 S. HWY. 169, #600~~		2.3 STREET ADDRESS	7401 Boone Ave. No.	
CITY-ST-ZIP	~~MINNEAPOLIS MN 55426~~		2.4 CITY-ST-ZIP	Brooklyn Park MN 55428	
TITLE	AS	☑ DELETE	3.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	~~LUND, CAROL S~~		3.2 NAME	Corrine Lapinsky	
STREET ADDRESS	~~400 S. HWY. 169, #600~~		3.3 STREET ADDRESS	7401 Boone Ave. No.	
CITY-ST-ZIP	~~MINNEAPOLIS MN 55426~~		3.4 CITY-ST-ZIP	Brooklyn Park MN 55428	
TITLE	T	☑ DELETE	4.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	~~TREFF, DOUG~~		4.2 NAME	Dan Thorson	
STREET ADDRESS	~~400 S. HWY. 169, #600~~		4.3 STREET ADDRESS	7401 Boone Ave. No.	
CITY-ST-ZIP	~~MINNEAPOLIS MN 55426~~		4.4 CITY-ST-ZIP	Brooklyn Park MN 55426	
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: _____ Dan Thorson Treas. 04/18/97 612-391-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481002