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
~~400 S. HWY. 169~~
~~SUITE 600~~
~~MINNEAPOLIS MN 55426~~

Mailing Address
~~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
21 7401 Boone Ave. No.
22 Suite, Apt. #, etc.
23 City & State: Brooklyn Park MN
24 Zip: 55428
25 Country: Hennepin

2a. Mailing Address
26 7401 Boone Ave. No.
27 Suite, Apt. #, etc.
28 City & State: Brooklyn Park MN
29 Zip: 55428
30 Country: 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**
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 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 _____
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	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	

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 #

CR2E034 (9/96)

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