

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005760 (4)

1. Corporation Name

WELLCRAFT MARINE CORP.

Principal Place of Business

100 SOUTH 5TH ST., STE. 2400
MINNEAPOLIS MN 55402

Mailing Address

100 SOUTH 5TH ST., STE. 2400
MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/20/1993

3a. Date of Last Report

07/19/1994

2. Principal Place of Business

2a. Mailing Address

4. FBI Number

36-3924056

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 of person or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME JACOBS, IRWIN L
STREET ADDRESS 100 SOUTH FIFTH ST., STE. 2400
CITY - ST - ZIP MINNEAPOLIS MN 55402

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE DVAS
NAME FARRELL, JAMES B
STREET ADDRESS 100 SOUTH FIFTH ST., STE. 2400
CITY - ST - ZIP MINNEAPOLIS MN 55402

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME SEVERINSON, KENNETH J
STREET ADDRESS 100 SOUTH FIFTH ST., STE. 2400
CITY - ST - ZIP MINNEAPOLIS MN 55402

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VST
NAME LOMEN, ARLYN J
STREET ADDRESS 100 SOUTH FIFTH ST., STE. 2400
CITY - ST - ZIP MINNEAPOLIS MN 55402

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

VICE PRESIDENT
MARY P. MCCONNELL
100 SOUTH FIFTH STREET, SUITE 2400
MINNEAPOLIS, MINNESOTA 55402

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

ASSISTANT SECRETARY
KATHLEEN M. MIKULA
100 SOUTH FIFTH STREET, SUITE 2400
MINNEAPOLIS, MINNESOTA 55402

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(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

Signature and typed or printed name of signing officer or director

JAMES B. FARRELL, VICE PRESIDENT APRIL 6, 1996

Date

Signature / Name