

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000001136 (0)

1. Corporation Name

BORDER STATES INDUSTRIES, INC.



Principal Place of Business

Mailing Address

106-25TH STREET NORTH
FARGO ND 58102
US

P.O. BOX 2767
FARGO ND 58108-2767

3. Date Incorporated or Qualified
03/07/1994

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

4. FEI Number

45-0275004

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

N/A

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 N/A

Signature typed or printed name of registered agent and the corporation

(P.O.D.) Registered Agent signature required when not signing up

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS MADSON, PAUL C
CITY-ST-ZIP 1948 RIVER RD., SOUTH
FARGO ND 58103

TITLE ☐ DELETE
NAME V
STREET ADDRESS GILL, ROBERT P
CITY-ST-ZIP 4811 EAST BERYL AVE
PARADISE VALLEY AZ

TITLE ☐ DELETE
NAME S
STREET ADDRESS HOFFELT, GREG
CITY-ST-ZIP 1708 9TH ST., SOUTH
FARGO ND 58103

TITLE ☐ DELETE
NAME T
STREET ADDRESS MILLER, TAMMY J
CITY-ST-ZIP 2201 VICTORIA ROSE DR.
FARGO ND 58103

TITLE ☐ DELETE
NAME V
STREET ADDRESS THRALL, BRAD
CITY-ST-ZIP 3020 N. SHORE LOOP
MANDAN ND 58554

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS 2441 E. Country Club Drive
14 CITY-ST-ZIP Fargo, ND 58103

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS 5975 E. Sapphire Lane
24 CITY-ST-ZIP Paradise Valley, AZ 85253

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

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

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

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 119.07(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 617, 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

7-3-96

701-239-2318

Tammy Miller, Controller

CR2E034 (3/96)