FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:35

DOCUMENT # **F94000002238 (3)**

1. Corporation Name
KENTROX INDUSTRIES, INC.

Principal Place of Business	Mailing Address
4900 WEST 78TH STREET MINNEAPOLIS MN 55435	4900 WEST 78TH STREET MINNEAPOLIS MN 55435

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/02/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 14375 NW Science Park Dr
2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

City & State — 23: Portland OR
City & State — 28:

Zip — 24: 97229
Country — 25: USA
Zip — 29:
Country — 30:

4. FEI Number: 93-0624861 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ 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	C	11 TITLE	☐ Change ☐ Addition
NAME	CADOGAN, WILLIAM J	12 NAME	
STREET ADDRESS	4900 W. 78TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	REILY, JACK P	22 NAME	
STREET ADDRESS	4900 W. 78TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, BRUCE W	32 NAME	
STREET ADDRESS	4900 W. 78TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SWITZ, ROBERT E	42 NAME	
STREET ADDRESS	4900 W. 78TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	R/D ☒ Change ☐ Addition
NAME	PORTER, WILLIAM B	52 NAME	RICHARD S. GILBERT
STREET ADDRESS	14375 N.W. SCIENCE PARK DR.	53 STREET ADDRESS	14375 N.W. SCIENCE PARK DR
CITY-ST-ZIP	PORTLAND OR	54 CITY-ST-ZIP	PORTLAND OR 97229
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	LARIMORE, MIKE	62 NAME	
STREET ADDRESS	14375 N.W. SCIENCE PARK DR.	63 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	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)(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: Richard S. Gilbert 1/30/95 612-946-3555
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0407441 FP