CORPORATION
ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003545

1. Corporation Name

CARBONAIR ENVIRONMENTAL SYSTEMS, INC.

100001525071
-06/28/95--01001--021
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
8640 MONTICELLO LANE MAPLE GROVE, MN 55369	8640 MONTICELLO LANE MAPLE GROVE, MN 55369

3. Date Incorporated or Qualified: 7/06/94

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 41-1457804 ☐ 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

CT 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	CO-CHAIRMAN	11 TITLE	CHIEF EXECUTIVE OFFICER	☐ Change ☒ Addition
NAME	JOHN MOORHEAD	12 NAME	DON CONLIN	
STREET ADDRESS	8640 MONTICELLO LANE	13 STREET ADDRESS	8640 MONTICELLO LANE	
CITY-ST-ZIP	MAPLE GROVE, MN 55369	14 CITY-ST-ZIP	MAPLE GROVE, MN 55369	
TITLE	CO-CHAIRMAN	21 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	GERALD MUELLER	22 NAME	THOMAS M. FITZGERALD	
STREET ADDRESS	8640 MONTICELLO LANE	23 STREET ADDRESS	8640 MONTICELLO LANE	
CITY-ST-ZIP	MAPLE GROVE, MN 55369	24 CITY-ST-ZIP	MAPLE GROVE, MN 55369	
TITLE	DIRECTOR	31 TITLE	TREASURER	☐ Change ☒ Addition
NAME	ROBERT FORD	32 NAME	SHAROYL OST	
STREET ADDRESS	8640 MONTICELLO LANE	33 STREET ADDRESS	8640 MONTICELLO LANE	
CITY-ST-ZIP	MAPLE GROVE, MN 55369	34 CITY-ST-ZIP	MAPLE GROVE, MN 55369	
TITLE	DIRECTOR	41 TITLE		☐ Change ☐ Addition
NAME	ROBERT HILL	42 NAME		
STREET ADDRESS	8640 MONTICELLO LANE	43 STREET ADDRESS		
CITY-ST-ZIP	MAPLE GROVE, MN 55369	44 CITY-ST-ZIP		
TITLE	DIRECTOR	51 TITLE		☐ Change ☐ Addition
NAME	F. WAYNE PACKARD	52 NAME		
STREET ADDRESS	8640 MONTICELLO LANE	53 STREET ADDRESS		
CITY-ST-ZIP	MAPLE GROVE, MN 55369	54 CITY-ST-ZIP		
TITLE	SECRETARY	61 TITLE		☐ Change ☐ Addition
NAME	WILLIAM SCHOELL	62 NAME		
STREET ADDRESS	8640 MONTICELLO LANE	63 STREET ADDRESS		
CITY-ST-ZIP	MAPLE GROVE, MN 55369	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharoyl K Ost 6/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #