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May 14 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 # F94000003545 (0)

1. Corporation Name
CARBONAIR ENVIRONMENTAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
8640 MONTICELLO LANE MAPLE GROVE MN 55369	8640 MONTICELLO LANE MAPLE GROVE MN 55369-4547

3. Date Incorporated or Qualified: 07/06/1994
3a. Date of Last Report: 07/11/1996

2. Principal Place of Business
21 2731 NEVADA AVENUE NORTH
Suite, Apt. #, etc. 22
City & State 23 NEW HOPE, MINNESOTA
Zip 24 55427-2864 Country 25

2a. Mailing Address
26 2731 NEVADA AVENUE NORTH
Suite, Apt. #, etc. 27
City & State 28 NEW HOPE, MINNESOTA
Zip 29 55427-2864 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 _____
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	C	☐ DELETE	1.1 TITLE	CHAIRMAN	☒ Change ☐ Addition
NAME	MOORHEAD, JOHN		1.2 NAME	MOORHEAD, JOHN	
STREET ADDRESS	8640 MONTICELLO LANE		1.3 STREET ADDRESS	2731 NEVADA AVENUE NORTH	
CITY-ST-ZIP	MAPLE GROVE MN 55369		1.4 CITY-ST-ZIP	NEW HOPE, MN 55427-2864	
TITLE	D	☐ DELETE	2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	MUELLER, GERALD		2.2 NAME	MUELLER, GERALD	
STREET ADDRESS	8640 MONTICELLO LANE		2.3 STREET ADDRESS	2731 NEVADA AVENUE NORTH	
CITY-ST-ZIP	MAPLE GROVE MN 55369		2.4 CITY-ST-ZIP	NEW HOPE, MN 55427-2864	
TITLE	D	☐ DELETE	3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	FORD, ROBERT		3.2 NAME	FORD, ROBERT	
STREET ADDRESS	8640 MONTICELLO LANE		3.3 STREET ADDRESS	2731 NEVADA AVENUE NORTH	
CITY-ST-ZIP	MAPLE GROVE MN 55369		3.4 CITY-ST-ZIP	NEW HOPE, MN 55427-2864	
TITLE	D	☐ DELETE	4.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	HILL, ROBERT		4.2 NAME	HILL, ROBERT	
STREET ADDRESS	8640 MONTICELLO LANE		4.3 STREET ADDRESS	2731 NEVADA AVENUE NORTH	
CITY-ST-ZIP	MAPLE GROVE MN 55369		4.4 CITY-ST-ZIP	NEW HOPE, MN 55427-2864	
TITLE	CEO	☐ DELETE	5.1 TITLE	CEO	☒ Change ☐ Addition
NAME	CONLIN, DON		5.2 NAME	CONLIN, DON	
STREET ADDRESS	8640 MONTICELLO LANE		5.3 STREET ADDRESS	2731 NEVADA AVENUE NORTH	
CITY-ST-ZIP	MAPLE GROVE MN 55369		5.4 CITY-ST-ZIP	NEW HOPE, MN 55427-2864	
TITLE	AST	☐ DELETE	6.1 TITLE	ASST. SECRETARY & TREASURER	☒ Change ☐ Addition
NAME	OST, SHAROYL		6.2 NAME	OST, SHAROYL	
STREET ADDRESS	8640 MONTICELLO LANE		6.3 STREET ADDRESS	2731 NEVADA AVENUE NORTH	
CITY-ST-ZIP	MAPLE GROVE MN 55369		6.4 CITY-ST-ZIP	NEW HOPE, MN 55427-2864	

CR2E034 (9/96)

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: X Sharoyl E Ost Sharoyl E Ost 4/29/97 (612)512-4935