

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000003558 (3)

1. Corporation Name

HARMON GLASS COMPANY



Principal Place of Business

Mailing Address

4000 OLSON MEMORIAL HIGHWAY  
SUITE 600  
MINNEAPOLIS MN 55422-5334

4000 OLSON MEMORIAL HIGHWAY  
SUITE 600  
MINNEAPOLIS MN 55422-5334

3. Date Incorporated or Qualified

07/07/1994

3a. Date of Last Report

10/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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5. Certificate of Status Desired

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\$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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ANDERSON, LARRY C  
STREET ADDRESS 4000 OLSON MEMORIAL HWY. #600  
CITY-ST-ZIP MINNEAPOLIS MN 55422

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME JACOBSON, GARY LEE  
STREET ADDRESS 4000 OLSON MEMORIAL HWY. #600  
CITY-ST-ZIP MINNEAPOLIS MN 55422

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME PEARSON, RICHARD JOHN  
STREET ADDRESS 4000 OLSON MEMORIAL HWY. #600  
CITY-ST-ZIP MINNEAPOLIS MN 55422

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME DESUTTER, DAVID F  
STREET ADDRESS 4000 OLSON MEMORIAL HWY. #600  
CITY-ST-ZIP MINNEAPOLIS MN 55422

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☒ DELETE

NAME MITCHELL, MONTE LEE  
STREET ADDRESS 7900 XERXES AVE., SOUTH  
CITY-ST-ZIP BLOOMINGTON MN 55431

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME GARDNER, WILLIAM GEORGE  
STREET ADDRESS 7900 XERXES AVE., SOUTH  
CITY-ST-ZIP BLOOMINGTON MN 55431

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

S

Mary A. Hauff  
7900 Xerxes Ave., South  
Bloomington, MN 55431

☒

Change

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Addition

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Change

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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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard J. Pearson

2/12/96

(612) 287-4605

Date

Daytime Phone

CR2E034 (12/95)