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FILED  
May 23 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 # F94000003558 (3)

1. Corporation Name

HARMON GLASS COMPANY

Principal Place of Business

4000 OLSON MEMORIAL HIGHWAY  
SUITE 800  
MINNEAPOLIS MN 55422-5334

Mailing Address

4000 OLSON MEMORIAL HIGHWAY  
SUITE 800  
MINNEAPOLIS MN 55422-5349



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/07/1994

3a. Date of Last Report

04/24/1996

4. FEI Number

41-0683646

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 S. PINE ISLAND RD.  
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

TITLE ☐ DELETE

NAME ANDERSON, LARRY C  
STREET ADDRESS 4000 OLSON MEMORIAL HWY. #800  
CITY - ST - ZIP MINNEAPOLIS MN 55422

TITLE ☐ DELETE

NAME JACOBSON, GARY LEE  
STREET ADDRESS 4000 OLSON MEMORIAL HWY. #800  
CITY - ST - ZIP MINNEAPOLIS MN 55422

TITLE ☐ DELETE

NAME PEARSON, RICHARD JOHN  
STREET ADDRESS 4000 OLSON MEMORIAL HWY. #800  
CITY - ST - ZIP MINNEAPOLIS MN 55422

TITLE ☐ DELETE

NAME DESUTTER, DAVID F  
STREET ADDRESS 4000 OLSON MEMORIAL HWY. #800  
CITY - ST - ZIP MINNEAPOLIS MN 55422

TITLE ☐ DELETE

NAME MARY A. HAUFF  
STREET ADDRESS 7900 XERXES AVE. S.  
CITY - ST - ZIP BLOOMINGTON MN

TITLE ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Treasurer  
Percy Charwood Tomlinson, Jr.  
4000 Olson Memorial Hwy, #600  
Mpls MN 55422

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:

GARY L. JACOBSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-97

Date

612 521-5100

Daytime Phone #

CR2E034 (9/96)