FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **F9400003558**1. Corporation Name

HARMON GLASS COMPANY

Principal Place	e of Business	Mailing Address							
4000 OLSON MEMORIAL HIGHWAY SUITE 600 MINNEAPOLIS MN 55422-5334		SUITE 600	4000 OLSON MEMORIAL HIGHWAY			DO NOT WRITE IN THIS SI	PACE		
MINNEAPULIS I	MIN 33424-3334	MININEAPOLIS MIN 35422-	,,,,,,,			3. Date Incorporated or Qualifed 07/07/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21		26	26			41-0683646	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	 			5. Certifcate of Status Desired	Certifcate of Status Desired Securificate of Status Desired Fee Required		
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year Intan	gible	_	
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Ag	jent		
				81	Name				
C T CORPORATION SYSTEM				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
1200 S. PINE ISLAND RD.				62	Stieet Addi	less (F.O. DOX Humber is Not Proophible)			
PLAN	NTATION FL 33324			83					
							- 1		
				84	City	FL	85 Zip	Code	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorize lorida Stat	d by t tutes.	ne corporation	poration submits this statement for the purpose of chon's board of directors. I hereby accept the appointr	nent as re	egistered	
	Signature, typed or printed name of registered age				signature require	d when reinstating) DATE	DIDECT	ODS (N. 42	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	☐ Change		
TITLE	P	☐ DELETE	1.1 ∏			,			
NAME	BAUMGARTNER, ROBERT V			AME		`			
STREET ADDRESS		. #600	1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	MINNEAPOLIS MN 55422			JTY-ST	ZIP				
TITLE	V	☐ DELETE	2.1 Π	ITLE			Change	☐ Addition	
NAME	WYATT, OSWALD S III		2.2 N	IAME					
STREET ADDRESS	4000 OLSON MEMORIAL HWY	′. #600	2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	MINNEAPOLIS MN 55422		2.40	CITY-ST	-ZIP				
TITLE	V	☐ DELETE	3.1 T	ITLE			Change	☐ Addition	
NAME	DESUTTER, DAVID F		3.2 N	IAME	J				
STREET ADDRESS	ACCO COLON MENODIAL LINES	′. #60 0	3 3 S	TREET	ADDRESS				
CITY-ST-ZIP	MINNEAPOLIS MN 55422		3,4.0	CITY-ST	- ZIP				
TITLE	S	☐ DELETE	4.1 T				Change	Addition	
NAME	MARY A. HAUFF		4.21	VAME					
STREET ADDRESS	BOOK MEDICO AND O				ADDRESS				
CITY-ST-ZIP	BLOOMINGTON MN			ITY-ST					
TITLE	T	☐ DELETE	5.1 Ti				Change	Addition	
	TOMLINSON, PERCY C JR.	2		IAME	1			_	
NAME	THE PART OF THE PARTY OF THE PA	#600	i i		ADDRESS				
STREET ADDRESS	MINNEAPLOIS MN	, * 000		HTY-ST					
CITY-ST-ZIP	MINISTECTION MIN	☐ DELETE	6.1 T			<u> </u>	Change	Addition	
TITLE	i	L. ∪ELETE	1 0.11		I .				

14. I 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, with all other like empowered.

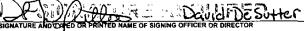
6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS



CR2E034 (11/98)

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90122 019 ***150.00