

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
 05-26-2000 90094 024 ***150.00

DOCUMENT # F94000003558

1. Entity Name

HARMON GLASS COMPANY

Principal Place of Business

Mailing Address

OLSON MEMORIAL HIGHWAY
 600
 MINNEAPOLIS MN 55422-5334

4000 OLSON MEMORIAL HIGHWAY
 SUITE 600
 MINNEAPOLIS MN 55422-5349

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-0683646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BAUMGARTNER, ROBERT V	
STREET ADDRESS	4000 OLSON MEMORIAL HWY. #600	
CITY-ST-ZIP	MINNEAPOLIS MN 55422	
TITLE	V	<input type="checkbox"/> Delete
NAME	WYATT, OSWALD S III	
STREET ADDRESS	4000 OLSON MEMORIAL HWY. #600	
CITY-ST-ZIP	MINNEAPOLIS MN 55422	
TITLE	V	<input type="checkbox"/> Delete
NAME	DESUTTER, DAVID F	
STREET ADDRESS	4000 OLSON MEMORIAL HWY. #600	
CITY-ST-ZIP	MINNEAPOLIS MN 55422	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARY A. HAUFF	
STREET ADDRESS	7900 XERXES AVE. S.	
CITY-ST-ZIP	BLOOMINGTON MN 55431	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TOMLINSON, PERCY C JR.	
STREET ADDRESS	4000 OLSON MEMORIAL HWY, #600	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Fitzgerald	
STREET ADDRESS	4000 Olson Memorial Hwy #600	
CITY-ST-ZIP	Minneapolis, MN 55422	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia A. Beithon	
STREET ADDRESS	7900 Xerxes Ave. S.	
CITY-ST-ZIP	Bloomington, MN 55431	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael A. Bevilacqua	
STREET ADDRESS	7900 Xerxes Ave. S.	
CITY-ST-ZIP	Bloomington, MN 55431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Oswald S. Wyatt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-00

Date

612-521-5100

Daytime Phone #

CR2E034 (9/99)