

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

DOCUMENT # F94000004339 (7)

JULY 10 AM 10:35

ADAWN CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

201 N. CONCORD EXCHANGE
SOUTH ST. PAUL MN 55075

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SOUTH ST. PAUL MN 55075

(Print or Type in this Space)

3. Date of Organization or Qualification 08/22/1994		3a. Date of Last Report	
4. FEI Number 41-1676218		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. 190.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
B1 Name					
B2 Street Address (P.O. Box Number is Not Acceptable)					
B3					
B4 City				B5 FL	B6 Zip Code

11. Pursuant to the provisions of Sections 601, 602 and 603, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both as the State of Florida has changed by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 602-603, Florida Statutes.

SIGNATURE

(Print or Type Name of Person Submitting this Statement)

(Print or Type Name of Registered Agent and Signature)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	CV STEPHAN, DONALD E 201 N. CONCORD EXCHANGE SOUTH ST. PAUL MN 55075	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY, STATE, ZIP		3. CITY, STATE, ZIP	
NAME	DP CAMPBELL, DENNIS D 201 N. CONCORD EXCHANGE SOUTH ST. PAUL MN 55075	4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE, ZIP		6. CITY, STATE, ZIP	
NAME	DS HOLLAREN, STEPHEN M 201 N. CONCORD EXCHANGE SOUTH ST. PAUL MN 55075	7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY, STATE, ZIP		9. CITY, STATE, ZIP	
NAME	D NELSON, GERALD R 2545 FERNBROOK LANE NORTH PLYMOUTH MN 55447	10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE, ZIP		12. CITY, STATE, ZIP	
NAME	V LISK, JOHN F 201 N. CONCORD EXCHANGE SOUTH ST. PAUL MN 55075	13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY, STATE, ZIP		15. CITY, STATE, ZIP	
NAME		16. NAME	☐ Change ☒ Addition
STREET ADDRESS		17. STREET ADDRESS	
CITY, STATE, ZIP		18. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information furnished in this report is voluntarily furnished and true, and qualify for the exemption stated in Section 190.032(2)(b), Florida Statutes. I further certify that the information included in this annual report is true and accurate and that my signatures 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 designated to receive this report as required by Chapter 602, Florida Statutes, and that my name appears on the list of officers, directors, or receivers or trustees furnished with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dennis D. Campbell

05/02/95

612-450-4853