

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 # **F94000006053 (2)**

1. Corporation Name

NORDIC WARE DIRECT, INC.



Principal Place of Business

**5005 HIGHWAY 7
ST. LOUIS PARK MN 55416**

Mailing Address

**5005 HIGHWAY 7
ST. LOUIS PARK MN 55416**

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

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

06/21/1995

4. FEI Number

41-1794158

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

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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or other person designated to act as agent

Signature of Registered Agent or other person designated to act as agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	COBD	☐ DELETE
NAME	DALQUIST, H. DAVID	
STREET ADDRESS	5005 HIGHWAY 7	
CITY-STATE-ZIP	ST. LOUIS PARK MN 55416	
TITLE	PD	☐ DELETE
NAME	DALQUIST, H. DAVID III	
STREET ADDRESS	5005 HIGHWAY 7	
CITY-STATE-ZIP	ST. LOUIS PARK MN 55416	
TITLE	TSD	☐ DELETE
NAME	DALQUIST, DOROTHY	
STREET ADDRESS	5005 HIGHWAY 7	
CITY-STATE-ZIP	ST. LOUIS PARK MN 55416	
TITLE	D	☐ DELETE
NAME	BRUST, SUSAN	
STREET ADDRESS	5005 HIGHWAY 7	
CITY-STATE-ZIP	ST. LOUIS PARK MN 55416	
TITLE	D	☐ DELETE
NAME	LYNCH, CORRINE	
STREET ADDRESS	5005 HIGHWAY 7	
CITY-STATE-ZIP	ST. LOUIS PARK MN 55416	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

100001784941
-04/18/96--01011--019
*****200.00**

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 or person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 **612-924-8526**
SC 4-17-96

CR2E034 (12/95)