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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000002 (4)

1. Corporation Name

IMI CORNELIUS, INC.



Principal Place of Business

ONE CORNELIUS PLACE
ANOKA MN 55303-6234

Mailing Address

ONE CORNELIUS PLACE
ANOKA MN 55303-6234

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1506, 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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

BARKLEY, RICHARD A

STREET ADDRESS

1 CORNELIUS PLACE

CITY - ST - ZIP

ANOKA MN

TITLE

V

☐ DELETE

NAME

FLEMING, CHARLES E

STREET ADDRESS

1 CORNELIUS PLACE

CITY - ST - ZIP

ANOKA MN

TITLE

S

☐ DELETE

NAME

ERICKSON, PHILLIP A

STREET ADDRESS

1 CORNELIUS PLACE

CITY - ST - ZIP

ANOKA MN

TITLE

TD

☐ DELETE

NAME

NICHOLSON, ROBERT C

STREET ADDRESS

1 CORNELIUS PLACE

CITY - ST - ZIP

ANOKA MN

TITLE

CD

☐ DELETE

NAME

AMOS, ROY

STREET ADDRESS

IMI KYNOCH, WITTON

CITY - ST - ZIP

BIRMINGHAM ENGLAND

TITLE

D

☐ DELETE

NAME

GILLARD, THOMAS J

STREET ADDRESS

IMI KYNOCH, WITTON

CITY - ST - ZIP

BIRMINGHAM ENGLAND

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 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.

Phillip A.
Erickson

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 26, 1996 612 - 422-3650

Date

Daytime Phone #

CR2E034 (12/95)