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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 55303-1583



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

02/20/1996

4. FEI Number

41-0204600

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

9. Name and Address of Current Registered Agent

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

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BARKLEY, RICHARD A
STREET ADDRESS 1 CORNELIUS PLACE
CITY-ST-ZIP ANOKA MN

☐ DELETE

TITLE V
NAME FLEMING, CHARLES E
STREET ADDRESS 1 CORNELIUS PLACE
CITY-ST-ZIP ANOKA MN

☐ DELETE

TITLE S
NAME ERICKSON, PHILLIP A
STREET ADDRESS 1 CORNELIUS PLACE
CITY-ST-ZIP ANOKA MN

☐ DELETE

TITLE TD
NAME NICHOLSON, ROBERT C
STREET ADDRESS 1 CORNELIUS PLACE
CITY-ST-ZIP ANOKA MN

☐ DELETE

TITLE CD
NAME AMOS, ROY
STREET ADDRESS IMI KYNOCH, WITTON
CITY-ST-ZIP BIRMINGHAM ENGLAND

☒ DELETE

TITLE D
NAME GILLARD, THOMAS J
STREET ADDRESS IMI KYNOCH, WITTON
CITY-ST-ZIP BIRMINGHAM ENGLAND

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☒ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILLIP A. ERICKSON

13 FEB 97

612-422-3650

Date

Daytime Phone #

CR2E034 (9/96)