


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000002 (4)

1. Corporation Name
IMI CORNELIUS, INC.

Principal Place of Business

ONE CORNELIUS PLACE
ANOKA MN 55309-8234

Mailing Address

ONE CORNELIUS PLACE
ANOKA MN 55309-8234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARKLEY, RICHARD A	
STREET ADDRESS	1 CORNELIUS PLACE	
CITY-ST-ZIP	ANOKA MN	

TITLE	V	<input type="checkbox"/> DELETE
NAME	FLEMING, CHARLES E	
STREET ADDRESS	1 CORNELIUS PLACE	
CITY-ST-ZIP	ANOKA MN	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ERICKSON, PHILLIP A	
STREET ADDRESS	1 CORNELIUS PLACE	
CITY-ST-ZIP	ANOKA MN	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	NICHOLSON, ROBERT C	
STREET ADDRESS	1 CORNELIUS PLACE	
CITY-ST-ZIP	ANOKA MN	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LAMB, MARTIN J.	
STREET ADDRESS	IMI KYNOCH, WITTON	
CITY-ST-ZIP	BIRMINGHAM EN	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MADDOX, GREG A.	
STREET ADDRESS	IMI KYNOCH, WITTON	
CITY-ST-ZIP	BIRMINGHAM EN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dennis P. Whelpley	
1.3 STREET ADDRESS	45 South 7th Street	
1.4 CITY-ST-ZIP	Minneapolis, MN 55402	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

Robert C. Nicholson

Robert C.

Nicholson 16 Jan 98 612-421-6120

CR2E034 (10/97)