

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90232 006 ***150.00

DOCUMENT # F95000001820

1. Corporation Name
RIO ALGOM, INC.

Principal Place of Business

VINCENT METAL GOODS
455 85TH AVENUE NW
MINNEAPOLIS MN 55433
US

Mailing Address

VINCENT METAL GOODS
455 85TH AVENUE NW
MINNEAPOLIS MN 55433
US

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

04/14/1995

4. FEI Number

54-1154614

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 the current year Intangible
Personal Property Tax.

☒

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WMITH, N E
STREET ADDRESS 5 NORTH DEEP LAKE RD
CITY-ST-ZIP ST PAUL MN 55127
☒ DELETE

TITLE CSD
NAME BUSH, JOHN A
STREET ADDRESS 140 FALLINGBROOK ROAD
CITY-ST-ZIP SCARBOROUGH ONTARIO
☐ DELETE

TITLE VD
NAME COCHRANE, D B
STREET ADDRESS 188 AIRDRIE ROAD
CITY-ST-ZIP EAST YORK ONTARIO
☐ DELETE

TITLE D
NAME CUMMING, DONALD A
STREET ADDRESS 30 SOMERSET CIR.
CITY-ST-ZIP RICHMOND HILL ONTARIO
☒ DELETE

TITLE T
NAME CAGLE, D O
STREET ADDRESS 7779 NORTH SHORE CIR
CITY-ST-ZIP FOREST LAKE MN 55025
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Jones, Harrison P.
1.3 STREET ADDRESS 12160 Upper Heather Ave N
1.4 CITY-ST-ZIP Hugo, MN 55038
☐ 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 D
4.2 NAME James, Patrick M.
4.3 STREET ADDRESS 2386 Carrington Place
4.4 CITY-ST-ZIP Oakville, Ontario L6J 5P4
☐ 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 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David O. Cagle/V.P. of Finance 4-7-99 (612) 717-9000

Date

Daytime Phone #

CR2E034 (11/98)