

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

FILED

Mar 04 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 # F96000000724 (2)

1. Corporation Name
TSP ONE, INC.

Principal Place of Business

1500 HIGHWAY 52 NORTH
ROCHESTER MN 55901

Mailing Address

1500 HIGHWAY 52 NORTH
ROCHESTER MN 55901-0273



3. Date Incorporated or Qualified

02/13/1996

3a. Date of Last Report

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

4. FEI Number

41-1461282

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

LAMBERSON, THURSTON
7233 SOUTHERN BLVD.
WEST PALM BEACH FL 33413

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 this if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TOULOUSE, ROGER K	
STREET ADDRESS	1500 HWY 52 N	
CITY - ST - ZIP	ROCHESTER MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIRKSEN, KARL J	
STREET ADDRESS	1500 HWY 52 N	
CITY - ST - ZIP	ROCHESTER MN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CLINE, ROBERT A	
STREET ADDRESS	1500 HWY 52 N	
CITY - ST - ZIP	ROCHESTER MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SORENSEN, STEVEN D	
STREET ADDRESS	1500 HWY 52 N	
CITY - ST - ZIP	ROCHESTER MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRANLE, KENNETH I	
STREET ADDRESS	1500 HWY 52 N	
CITY - ST - ZIP	ROCHESTER MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MESCHKE, WILLIAM T	
STREET ADDRESS	1500 HWY 52 N	
CITY - ST - ZIP	ROCHESTER MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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, changed, or on an attachment with an address.

SIGNATURE:

Roger K. Toulouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-97

507-288-8156

Date Daytime Phone #

CR2E034 (9/96)