

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000003265

1. Entity Name
INDUSTRIAL FABRICS CORPORATION



Principal Place of Business
7160 NORTHLAND CIRCLE
MINNEAPOLIS, MN 55428

Mailing Address
7160 NORTHLAND CIRCLE
MINNEAPOLIS, MN 55428



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1128448

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature based on typed name of registered agent and the fee code. (NOTE: Registered Agent signature required when not applicable)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MUEHLENHAUS, ROLF
STREET ADDRESS 13045 38TH AVE N.
CITY ST ZIP PLYMOUTH, MN 55441

TITLE S
NAME WHITTHUHN, DR WILFRIED
STREET ADDRESS 120 W. 45TH ST.
CITY ST ZIP NEW YORK, NY 100364003

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

1100000214680
02/04/05-80022-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane K. Habel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05

Date

Daytime Phone #