

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 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**



04182008 No Chg-P CR2E034 (11/05)

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000947495
06/02/08-80017-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE P
NAME VON DREHLE, RICK
STREET ADDRESS 2021 SO. LEWIS AVENUE, SUITE 570
CITY-ST-ZIP TULSA, OK 74104

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

TITLE T
NAME HALEEN, DIANNE K
STREET ADDRESS 7160 NORTHLAND CIRCLE
CITY-ST-ZIP MINNEAPOLIS, MN 55428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Donald K. Nield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.18.08 763-535-3220

Date

Daytime Phone #