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

DOCUMENT # F9800000567 1. Corporation Name

ENGINEERED POLYMER SOLUTIONS, INC.

		_					.1115 1016 5 1 016 1
Principal Place of Business Mailing Address					A LORGION HAND IN COMMANDE		1,1,100.100.
1101 THIRD STREET SOUTH 1101 THIRD STREET SOUTH					·		
		MINNEAPOLIS MN 55415	APOLIS MN 55415		DO NOT WRITE IN TH	US SPACE	
ļ					3. Date Incorporated or Qualifed	10 01 702	
					01/30/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied For
21 26					41-1770027	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22 27						Fee Red	
City & State	e	City & State	City & State		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	3 Fees
Zip	Country	Zip			8. This corporation owes the current year Intangible		
24	. 25	29 3	0		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	Agent	
C T CORPORATION SYSTEM				Name	_		
1200 SOUTH PINE ISLAND ROAD			82	Street A	Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			-				
FLAI	TATION PE 33324		83				ļ
			84	City		85 Zip C	ode
44 5	A. W	and 607 1509 Florida Statutos	the above	e-named (of changing its	registered
l office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation	t Florida. Such change was auti	nonzea by	the corpo	corporation submits this statement for the purpose pration's board of directors. I hereby accept the app	ointment as reg	jistered
l -	m lamillar with, and accept the obligation	ons or, section our costs, mond	a Otaluico	•			,
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	nt signature re	equired when reinstating) DATE	—	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD DELETE		1.1 TITLE			☐ Change	☐ Addition
NAME	LINDBERG, STEVEN C		1.2 NAME				ļ
STREET ADDRESS	1400 NORTH STATE STREET		1.3 STREE	TADDRESS			
CITY-ST-ZIP	MARENGO IL		1.4 CITY-ST-ZIP				
TITLE	VD □ DELETE		2.1 TITLE			Change	☐ Addition
NAME	ROMPALA, RICHARD M		2.2 NAME	.			
STREET ADDRESS	1101 THIRD STREET SOUTH		2.3 STREE	TADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN		-2. 4 CITY-5	ST-ZIP		· - .	
TITLE	S	☐ DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME	ENGH, ROLF		3.2 NAME				
STREET ADDRESS	1101 THIRD STREET SOUTH		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN		3.4. CITY-5	ST-ZIP			
TITLE	CD	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	BRANDENBURGER, LARRY B		4. 2 NAME				
STREET ADDRESS	1101 THIRD STREET SOUTH		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN 440		4.4 CITY-S	ST-ZIP			
TITLE	T	⊠ DÉLETE 5.1			Treasurer , , ,	Change	∠Addition
NAME	WESOLOWSKI, TIMOTHY M 523		5.2 NAME		weiss, Deborah, D	•	
STREET ADDRESS	1101 THIRD STREET SOUTH		5.3 STREE	TADDRESS	1101 S. Third Office		}
CITY-ST-ZIP	MINNEAPOLIS MN		5.4 CITY-S	it-zip	minneapolis mn 55415	•	1

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 off an attachment with an address, with all otherwise empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

□ DELETE

CITY-ST-ZIP

STREET ADORESS

TITLE NAME MINNEAPOLIS MN

Change

Addition

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90122 002 ***150.00