

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90081 034 ***150.00

DOCUMENT # F98000003758

1. Corporation Name

HTW INVESTMENT PARTNERS, INC.



Principal Place of Business
527 MARQUETTE AVE., SUITE 100
MINNEAPOLIS MN 55402

Mailing Address
527 MARQUETTE AVE., SUITE 100
MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22 Suite 1000

Suite, Apt. #, etc.

27 Suite 1000

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

30

3. Date Incorporated or Qualified

07/01/1998

4. FEI Number

41-1773350

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HAUSER, RICHARD
STREET ADDRESS 527 MARQUETTE AVE., SUITE 100
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE VD ☐ DELETE

NAME WOZNAK, DANIEL D JR.
STREET ADDRESS 527 MARQUETTE AVE., SUITE 100
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE VSD ☐ DELETE

NAME TRAUTZ, JOHN C
STREET ADDRESS 527 MARQUETTE AVE., SUITE 100
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE VD ☐ DELETE

NAME DRIESSEN, VINCENT J
STREET ADDRESS 527 MARQUETTE AVE., SUITE 100
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE AS ☐ DELETE

NAME MARTIN, KATHLEEN M
STREET ADDRESS 901 MARQUETTE AVE. #1500
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE AS ☐ DELETE

NAME BAZELLA, CARRIE L
STREET ADDRESS 901 MARQUETTE AVE. #1500
CITY-ST-ZIP MINNEAPOLIS MN 55402

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99

612 313 0103

CR2E034 (11/98)