

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L94088**

1. Corporation Name

**MLD MINNESOTA 10, INC.**

Principal Place of Business

**180 S CLINTON AVE.  
CORP TAX 4TH FLOOR  
ROCHESTER NY 14646**

Mailing Address

**180 S CLINTON AVE.  
CORP TAX 4TH FLOOR  
ROCHESTER NY 14646**

**FILED**  
**Aug 19, 1999 8:00 am**  
**Secretary of State**

08-19-1999 90005 001 \*1,100.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/17/1990**

4. FEI Number

**59-3031096**

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. ☐ Yes ☒ No

2. Principal Place of Business  
21. **1640 MADISON AVENUE**

Suite, Apt. #, etc.

2a. Mailing Address  
26. **PO BOX 3248**

Suite, Apt. #, etc.

City & State  
23. **MANKATO, MN**

Zip  
24. **56001**

Country  
25. **USA**

City & State  
28. **MANKATO, MN**

Zip  
29. **56002-3248**

Country  
30. **USA**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEO** ☒ DELETE  
NAME **CARR, JEREMIAH T**  
STREET ADDRESS **180 S CLINTON AVE.**  
CITY-ST-ZIP **ROCHESTER NY 14646**

TITLE **PCOO** ☒ DELETE  
NAME **MUCCI, MARTIN**  
STREET ADDRESS **180 S CLINTON AVENUE**  
CITY-ST-ZIP **ROCHESTER NY 14646**

TITLE **S** ☒ DELETE  
NAME **TRUBEK, JOSEPHINE**  
STREET ADDRESS **180 S CLINTON AVE.**  
CITY-ST-ZIP **ROCHESTER NY 14646**

TITLE **T** ☒ DELETE  
NAME **ENIS, JOSEPH**  
STREET ADDRESS **180 S CLINTON AVE.**  
CITY-ST-ZIP **ROCHESTER NY 14646**

TITLE **AS** ☒ DELETE  
NAME **LAVERDI, BARBARA J**  
STREET ADDRESS **180 S CLINTON AVE.**  
CITY-ST-ZIP **ROCHESTER NY 14646**

TITLE **CFO** ☒ DELETE  
NAME **DOLE, JAMES**  
STREET ADDRESS **180 S CLINTON AVENUE**  
CITY-ST-ZIP **ROCHESTER NY 14646**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEO** ☐ Change ☒ Addition  
1.2 NAME **ROBERT D. ALTON, JR**  
1.3 STREET ADDRESS **221 EAST HICKORY STREET**  
1.4 CITY-ST-ZIP **MANKATO, MN 56001**

2.1 TITLE **PRESIDENT, COO** ☐ Change ☒ Addition  
2.2 NAME **F. ERNEST LOMBARD**  
2.3 STREET ADDRESS **1650-MADISON AVENUE; SUITE 100**  
2.4 CITY-ST-ZIP **MANKATO, MN 56001**

3.1 TITLE **VP/CFO/TREAS/SECY** ☐ Change ☒ Addition  
3.2 NAME **DAVID A. CHRISTENSEN**  
3.3 STREET ADDRESS **221 EAST HICKORY STREET**  
3.4 CITY-ST-ZIP **MANKATO, MN 56001**

4.1 TITLE **GEN. MGR** ☐ Change ☒ Addition  
4.2 NAME **GERALD B. WILKE**  
4.3 STREET ADDRESS **1640 MADISON AVENUE**  
4.4 CITY-ST-ZIP **MANKATO, MN 56001**

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.

SIGNATURE:

*David A. Christensen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/13/99**

Date

Daytime Phone #

CR2E034 (5/99)

0116897