

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 # **L94093**

1. Corporation Name

DOWDY MINNESOTA 10, INC.

Principal Place of Business

**180 S. CLINTON AVENUE
CORPORATE TAX, 4TH FLOOR
ROCHESTER NY 14646**

Mailing Address

**180 S. CLINTON AVENUE
CORPORATE 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

59-3029273

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

2a. Mailing Address

26 PO BOX 3248

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MANKATO, MN

City & State

28 MANKATO, MN

Zip

24 56001

Country

25 USA

Zip

29 56002-3248

Country

30 USA

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM
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 AVENUE**
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 **T** ☒ DELETE

NAME **ENIS, JOSEPH**
STREET ADDRESS **180 S. CLINTON AVENUE**
CITY-ST-ZIP **ROCHESTER NY 14646**

TITLE **S** ☒ DELETE

NAME **TRUBEK, JOSPEHINE S.**
STREET ADDRESS **180 S. CLINTON AVENUE**
CITY-ST-ZIP **ROCHESTER NY**

TITLE **AS** ☒ DELETE

NAME **LAVERDI, BARBARA J**
STREET ADDRESS **180 S. CLINTON AVENUE**
CITY-ST-ZIP **ROCHESTER NY 14646**

TITLE **AT** ☒ DELETE

NAME **EVANS, MICHAEL E.**
STREET ADDRESS **180 S. CLINTON AVE.**
CITY-ST-ZIP **ROCHESTER NY**

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 #

0116696

CR2E034 (5/99)