## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1006



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

	1330		SIGN OF CONFORM	IONS				
DOCUMENT # P01620 (4)								
MFRV	YN'S, INC.							
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			·					
Principal Place of Business M		Mailing Addres	ailing Address		r inglingt til datal tillid bil	.W 50034 WATE WENTER		(* 6191) 9(8)) (89)
25001 INDUSTRIAL BOULEVARD		777 NICOLL						
HAYWARD (	CA 94545		e tax dept Is MN 55402					
		US	IS MITE 339UZ		3. Date Incorporated or Qualifi	ed <b>3a</b> . Da	ate of Last Re	
					04/16/1984		05/01/19	<b>)9</b> 5
		1	. Maling Address		4. FEI Number			Applied For
21 26 Suite Apt. #, etc.			Suite, Apt. #, etc.		94-1274456			Not Applicable
22	, 5.65.	27	Solite, Print II, etc.		5. Certificate of Status Desired			Additional Required
City & State		· · · <del>                                </del>	City & State		6. Election Campaign Financin		<del></del>	<b>0</b> May Be
23		28			Trust Fund Contribution			o may be d to Fees
Zip	Country	Ziρ	Countr	У	8. This corporation has liability	for intangible	tax under s	199.032,
24	25	29	[30]			Yes 🔲 No		
	9. Name and Address of Curren	t Hegistered Agent	81	T Name	10. Name and Address of Ne	w Registered	1 Agent	
CT COI	DOODATION EVETER			l Name				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	Street Add	ress (P.O. Box Number is Not Acce	otable)		
PLANTATION FL 33324				st			<del></del>	
104117								
			84	Orty		FI	85 Zq	p Code
11. Pursuant to	the provisions of Sections 607.0502	and 607,1508, Fioris	ia Statutes, the above	named corpo	ration submits this statement for the	number of a	bonologi ita	eastered office
or registere	d agent, or both, in the State of Florid i, and accept the obligations of, Section	ia. Suon criande was	authorized by the con	poration's boa	ard of directors. Thereby accept the a	appointment a	ıs registered	agent. Larn
SIGNATURE			•					
S	sgnature, typed or printed marin of regeleased agent a		\$6 Y.E. Folgestered Age	est sign of the pare		1140		
12.	PCO OFFICERS AND	DIBECTORS	13.		ADDITIONS/CHANGES TO	DEFICERS AN	2	
NAME	SUASER, PAUL W	ل_ ا در		I .	Paul W. Sauser		Change	Addition
STREET ADDRESS	250001 INDUSTRIAL BLVD.		1.2 NAME	LADDRESS	raul w. Sauser			
CITY - ST - ZIP	HAYWARD CA		14 CITY -					
TITLE	VPCF	[_] DE:		37.5			Change	☐ Addition
NAME	LYNCH, CHUCK J		2.2 NAME					
STREET ADDRESS	25001 INDUSTRIAL BLVD.			LADDRESS				
CITY - S1 - ZIP	HAYWARD CA		2.4 Crl Y -	\$1 ZIP				
TITLE	VS	DE [					☐ Change	Add tien
NAME	HALE, JAMES T.		3.2 NAME					
STREET ADDRESS	777 NICOLLET MALL		3.3 STREE	- LADORESS				
CITY-ST-ZIP	MINNEAPOLIS MN		3.4 CITY -	ST ZIF				
TITLE	VAS	□ DEI	ETE 4 1 TILLE	j			Change	Addition
NAME	Harder, William e. Minneapolis, Mn		4.2 NAME					
STREET ADDRESS	MINNEAPOLIS MN		l l	FADORESS				
CHY+ST-ZIP THTLE	AT	DE1	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S1-ZIP			Charan	
NAME	REIF, JACK N						☐ Charige	☐ Addition
STREET ADDRESS	777 NICLLET MALL		52 NAME	T ACIDRESS				
CITY-ST ZIP	MINNEAPOLIS MN 55402		5.4 CH Y -					
TITLE	D	☐ Df i		V: 61	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME	WINDGATE, EDWIN H		6.2 NAME					
STREET ADDRESS	777 NICOLLET MALL			LADORESS				
CITY-ST-ZIP MINNEAPOLIS MN			64 C/TY -	ST - Z:F				
14. I do hereby	certify that the information supplied w	th this fling is volun	tarily furnished and doe	es not qualify t	for the exemption stated in Section 1	19.07(3)(k) F	lorida Statuto	es I further

I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I further certify that the information indicated on this annual report or suppliernental 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.

Jack N. Reif

Stenature and type or Printed Name of Figure Or Director of Di

SIGNATURE: