

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P04406 (5)**  
1. Corporation Name  
**MIMLIC SALES CORPORATION**



Principal Place of Business: **400 NORTH ROBERT STREET ST. PAUL MN 55101**  
Mailing Address: **400 NORTH ROBERT STREET ST. PAUL MN 55101**

3. Date Incorporated or Qualified: **12/19/1984** 3a. Date of Last Report: **04/25/1995**  
4. FEI Number: **41-1486060** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.:  
City & State:  
Zip: Country:

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.0532 and 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of officer or director of the corporation and FEI Number: \_\_\_\_\_  
Signature of Registered Agent and State of Residence: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOODING, PAUL H.</b>	
STREET ADDRESS	<b>13645 HANNIBAL CIRCLE</b>	
CITY-ST-ZIP	<b>APPLE VALLEY MN 55124</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHMIDT, WAYNE R.</b>	
STREET ADDRESS	<b>18212 NATCHEZ AVE.</b>	
CITY-ST-ZIP	<b>PRIOR LAKE MN 55372</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CZARNETZKI, LYNDA S.</b>	
STREET ADDRESS	<b>678 BRIDLE RIDGE ROAD</b>	
CITY-ST-ZIP	<b>EAGAN MN 55123</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HUPPERT, BARDEA C.</b>	
STREET ADDRESS	<b>417 N. LOCUST STREET</b>	
CITY-ST-ZIP	<b>PRESCOTT WI 54021</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARK, THOMAS L</b>	
STREET ADDRESS	<b>W. 10546 880TH AVENUE</b>	
CITY-ST-ZIP	<b>RIVER FALLS WI 54022</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dennis E. Prohofsky</b>	
1.3 STREET ADDRESS	<b>755 E. Montana</b>	
1.4 CITY-ST-ZIP	<b>St. Paul, MN 55106</b>	
2. TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Derick R. Black</b>	
2.3 STREET ADDRESS	<b>3634 11th Ave. S.</b>	
2.4 CITY-ST-ZIP	<b>Minneapolis, MN 55407</b>	
3. TITLE	<b>V/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Margaret M. Milosevich</b>	
3.3 STREET ADDRESS	<b>2601 Wexford Hghts. Lane</b>	
3.4 CITY-ST-ZIP	<b>New Brighton, MN 55112</b>	
4. TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5. TITLE	<b>AT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 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: *Bardea C. Huppert* Bardea C. Huppert, President 4/17/96 612-223-4306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)