

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90223 025 ***150.00

DOCUMENT # P06495

1. Entity Name

GENMAR INDUSTRIES, INC.

Principal Place of Business

Mailing Address

100 SOUTH FIFTH STREET
 SUITE 2400
 MINNEAPOLIS MN 55402

100 SOUTH FIFTH STREET
 SUITE 2400
 MINNEAPOLIS MN 55402

100610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2900 IDS CTR, 80 S. 8TH ST.
 Suite, Apt. #, etc.

2900 IDS CTR, 80 S. 8TH ST.
 Suite, Apt. #, etc.

City & State

MINNEAPOLIS, MN

City & State

MINNEAPOLIS, MN

4. FEI Number

22-2612772

Applied For

Not Applicable

Zip

Country

55402

MINNEAPOLIS

Zip

Country

55402

MINNEAPOLIS

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Delete
NAME	CLOUTIER, ROGER R II	
STREET ADDRESS	100 SOUTH FIFTH ST., STE. 2500	➔
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MCCONNELL, MARY P	
STREET ADDRESS	100 S. 5TH STREET #2400	➔
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROSENDAHL, JOHN S	
STREET ADDRESS	100 SOUTH FIFTH STREET SUITE 2400	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OPPEGAARD, GRANT E	
STREET ADDRESS	100 SOUTH FIFTH ST., STE. 2500	➔
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETERS, MARK W	
STREET ADDRESS	100 SOUTH FIFTH ST, STE #2400	➔
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOVOLD, LARRY H	
STREET ADDRESS	WEST CENTENNIAL DRIVE POB 248	
CITY-ST-ZIP	NEW YORK MILLS MN 56567	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUTIER, ROGER R. II	
STREET ADDRESS	2900 IDS CTR, 80 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2900 IDS CTR, 80 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID H. VIGDAL	
STREET ADDRESS	2900 IDS CTR, 80 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2900 IDS CTR, 80 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

(612) 339-7600

Date Daytime Phone #