FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P09863** **(2)**

1. Corporation Name

CONDUX INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 24599 **APPLE VALLEYM MN 55124**	**P.O. BOX 24599** **APPLE VALLEYM MN 55124**

3. Date Incorporated or Qualified: **04/22/1986**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **41-0901133** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DEVINE, JOSEPH, A		1.2 NAME	Bradley P. Radichel	
STREET ADDRESS	13645 DULUTH DR		1.3 STREET ADDRESS	145 Kingswood Road	
CITY-ST-ZIP	APPLE VALLEY MN		1.4 CITY-ST-ZIP	Mankato, MN 56001	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ELSTER, EARL W		2.2 NAME		
STREET ADDRESS	4115 WINDSONG CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PRIOR LAKE MN		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM,RADICHEL D		3.2 NAME		
STREET ADDRESS	RT.1,BOX 39		3.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON LAKE MN		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RADICHEL, PAUL W		4.2 NAME		
STREET ADDRESS	1102 BAKER		4.3 STREET ADDRESS		
CITY-ST-ZIP	MANKATO MN		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KOPPENHAVER,BRUCE P		5.2 NAME		
STREET ADDRESS	15236 OAKRIDGE CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PRIOR LAKE MN		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RANDOLPH,DIANA		6.2 NAME		
STREET ADDRESS	RT.1,BOX 58F		6.3 STREET ADDRESS		
CITY-ST-ZIP	ELYSIAN MN		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 added on an attachment with an address.

SIGNATURE: X *Brad P. Radichel* Brad P. Radichel 3/30/96 507-387-6576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

0495336 FP