


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P09863 1. Entity Name CONDUX INTERNATIONAL, INC.	
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Principal Place of Business
145 KINGSWOOD ROAD
MANKATO, MN 56001

Mailing Address
P.O. BOX 247
MANKATO, MN 56002

DO NOT WRITE IN THIS SPACE



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number
41-0901133

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
RADICHEL, BRADLEY P
145 KINGSWOOD ROAD
MANKATO, MN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
HAUGUM, JOHN D
145 KINGSWOOD ROAD
MANKATO, MN 56001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
TOLZMAN, JEANNE
145 KINGSWOOD ROAD
MANKATO, MN 56001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000369076
06/07/05-P0001-012 550.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeanne Tolsman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/05
Date

Daytime Phone #