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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:08

DOCUMENT # **P11683** **(0)**

1. Corporation Name
MCNEIL (OHIO) CORPORATION

Principal Place of Business	Mailing Address
1500 COUNTY RD B2 WEST ST. PAUL MN 55113-3105 US	1500 COUNTY RD B2 WEST ST. PAUL MN 55113-3105 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/06/1986**
3a. Date of Last Report: **02/16/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **41-1564634**
5. ☐ 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

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 607.0502 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
Signature, type or print name of registered agent, and title if applicable. FAX#: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	Rueb, Roy T	☐ Change ☐ Addition
NAME	~~RUEB, RAY T~~	12 NAME		
STREET ADDRESS	3043 LITTLE BAY RD	13 STREET ADDRESS	3043 Little Bay Rd.	
CITY ST ZIP	ROSEVILLE MN	14 CITY ST ZIP	Roseville, MN	
TITLE	CD	21 TITLE		☐ Change ☐ Addition
NAME	BUXTON, WINSLOW H	22 NAME		
STREET ADDRESS	271 MEADOW WOOD LANE	23 STREET ADDRESS		
CITY ST ZIP	VADNAIS HEIGHTS MN	24 CITY ST ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	KITCH, GERALD C.	32 NAME		
STREET ADDRESS	1865 SUMMIT AVE.	33 STREET ADDRESS		
CITY ST ZIP	ST. PAUL MN	34 CITY ST ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	RUEB, ROY T.	42 NAME		
STREET ADDRESS	3043 LITTLE BAY RD.	43 STREET ADDRESS		
CITY ST ZIP	ROSEVILLE MN	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	COLLINS, JOSEPH R	52 NAME		
STREET ADDRESS	12150 UPPER HEATHER	53 STREET ADDRESS		
CITY ST ZIP	DELLWOOD MN	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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 addition.

SIGNATURE: R. T. Rueb Roy T. Rueb 612-636-7920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #