

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

10/06/1986

3a. Date of Last Report

03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

41-1564634

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

Signature type: (1) typed or printed name of agent (2) typed or printed name of officer or director (3) typed or printed name of officer or director (4) typed or printed name of officer or director

(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(DATE)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

S

RUEB, ROY T.

NAME

3043 LITTLE BAY RD

STREET ADDRESS

ROSEVILLE MN

CITY - ST - ZIP

TITLE

CD

BUXTON, WINSLOW H.

NAME

274 MEADOW WOOD LANE

STREET ADDRESS

VADNAIS HEIGHTS MN

CITY - ST - ZIP

TITLE

PD + Chairman

NAME

KITCH, GERALD C.

STREET ADDRESS

1865 SUMMIT AVE.

CITY - ST - ZIP

ST. PAUL MN

TITLE

T

RUEB, ROY T.

NAME

3043 LITTLE BAY RD.

STREET ADDRESS

ROSEVILLE MN

CITY - ST - ZIP

TITLE

D

COLLINS, JOSEPH R.

NAME

12150 UPPER HEATHER

STREET ADDRESS

DELLWOOD MN

CITY - ST - ZIP

TITLE

Director

NAME

Barry J. Wetzel

STREET ADDRESS

5 Arlington Oaks Ct

CITY - ST - ZIP

Chesterfield, MO 63017

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Director

mark T. Schroepfer

300 N 4th St # 2202

ST. LOUIS MO 63102

Director

Fred C. Lavender

1721 State Hwy 60

Ashland, OH 44805

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. F. Run

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96

612-636-7920

Display Procedure

CR2E034 (3/96)