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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1500 COUNTY RD B2 WEST
ST. PAUL MN 55113-3105
US

Mailing Address

1500 COUNTY RD B2 WEST
ST. PAUL MN 55113-3174
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/06/1986

3a. Date of Last Report

06/19/1996

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

S
NAME RUEB, ROY T.
STREET ADDRESS 3043 LITTLE BAY RD
CITY - ST - ZIP ROSEVILLE MN

TITLE ☐ DELETE

D
NAME SCHROEPFER, MARK T
STREET ADDRESS 300 N 4TH ST #2202
CITY - ST - ZIP ST LOUIS MO

TITLE ☐ DELETE

PD & Chairman
NAME KITCH, GERALD C.
STREET ADDRESS 1885 SUMMIT AVE.
CITY - ST - ZIP ST. PAUL MN

TITLE ☐ DELETE

T
NAME RUEB, ROY T.
STREET ADDRESS 3043 LITTLE BAY RD.
CITY - ST - ZIP ROSEVILLE MN

TITLE ☐ DELETE

D
NAME LAVENDER, FRED C
STREET ADDRESS 1721 STATE HWY 80
CITY - ST - ZIP ASHLAND OH

TITLE ☐ DELETE

D
NAME WETZEL, BARRY J
STREET ADDRESS 5 ARLINGTON OAKS CT
CITY - ST - ZIP CHESTERFIELD MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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 address.

SIGNATURE:

R. T. Rueb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy T. Rueb
Treasurer

1-29-97 612-636-7930
Date Daytime Phone #

CR2E034 (9/96)