

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11683

1. Corporation Name

MCNEIL (OHIO) CORPORATION

Principal Place of Business

1500 COUNTY RD 82 WEST
ST. PAUL MN 55113-3105
US

Mailing Address

1500 COUNTY RD 82 WEST
ST. PAUL MN 55113-3105
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

10/06/1986

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

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

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

TITLE PDC
NAME KITCH, GERALD C.
STREET ADDRESS 1865 SUMMIT AVE.
CITY-ST-ZIP ST. PAUL MN ☒ DELETE

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

TITLE D
NAME LAVENDER, FRED C
STREET ADDRESS 1721 STATE HWY 60
CITY-ST-ZIP ASHLAND OH ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE PDC
3.2 NAME Richard J. Cathcart
3.3 STREET ADDRESS 1500 County Rd B2 West
3.4 CITY-ST-ZIP St. Paul, MN 55113-3105 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE D
5.2 NAME Michael Schrocck
5.3 STREET ADDRESS 1721 State Hwy 60
5.4 CITY-ST-ZIP Ashland OH ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

R. T. Rueb

Roy T. Rueb

1/27/99

651-636-7920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

03-01-1999 90094 028 ***150.00

FILED
Mar 01, 1999 8:00 am
Secretary of State



DO NOT WRITE IN THIS SPACE