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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **P12037** **(8)**

1. Corporate Name

SAVE AND PACK, INC.

Principal Place of Business

8920 PERSHALL ROAD
HAZELWOOD MO 63042

Mailing Address

P O BOX 990
MINNEAPOLIS MN 55440
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/06/1986**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **11840 Valley View Road**

2a. Mailing Address
26

4. FEI Number: **94-3019141** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23 **Eden Prairie, MN**

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24 **55344**

Country
25

Zip
29

Country
30

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 Section 607.1605 and 607.1608, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TYPE	DVT	TYPE	☐ Change ☐ Addition
NAME	DANIELS, DUANE J	NAME	
STREET ADDRESS	20461 MANCHESTER ROAD	STREET ADDRESS	
CITY, ST, ZIP	KIRKWOOD MO	CITY, ST, ZIP	
TYPE	DP	TYPE	☐ Change ☐ Addition
NAME	PATTILLO, BOB C	NAME	
STREET ADDRESS	20461 MANCHESTER ROAD	STREET ADDRESS	
CITY, ST, ZIP	KIRKWOOD MO	CITY, ST, ZIP	
TYPE	VP	TYPE	☐ Change ☐ Addition
NAME	HARRIS, ISAIAH	NAME	
STREET ADDRESS	11840 VALLEY VIEW ROAD	STREET ADDRESS	
CITY, ST, ZIP	MINNEAPOLIS MN	CITY, ST, ZIP	
TYPE	S	TYPE	☐ Change ☐ Addition
NAME	JOHNSON, TERESA H	NAME	
STREET ADDRESS	11840 VALLEY VIEW ROAD	STREET ADDRESS	
CITY, ST, ZIP	MINNEAPOLIS MN	CITY, ST, ZIP	
TYPE	D	TYPE	☐ Change ☐ Addition
NAME	ANDERSON, LAURENCE L	NAME	
STREET ADDRESS	8920 PERSHALL ROAD	STREET ADDRESS	
CITY, ST, ZIP	HAZELWOOD MO	CITY, ST, ZIP	
TYPE	VP	TYPE	☐ Change ☐ Addition
NAME	BOEHNEN, DAVID L	NAME	
STREET ADDRESS	11840 VALLEY VIEW ROAD	STREET ADDRESS	
CITY, ST, ZIP	EDEN PRAIRIE MN	CITY, ST, ZIP	

14. I further certify that the information contained with this report is accurate and complies with the applicable provisions of Section 607.1622(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 above or on an attachment with an address.

SIGNATURE: Isaiah Harris Isaiah Harris, VP 4/10/95 612 828 4471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0305188 CP