

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 11 PM 2:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P17933 (3)

1. Corporation Name
APTUS, INC.

Principal Place of Business

**21750 CEDAR AVE
LAKEVILLE MN 55044-550
US**

Mailing Address

**21750 CEDAR AVE
LAKEVILLE MN 55044-550
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/08/1988

3a. Date of Last Report.

05/01/1994

4. Fed Number

25-1563807

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **ANTHONY, R.P.**
STREET ADDRESS **750 HOLIDAY DR FOSTER PLAZA #9**
CITY-ST-ZIP **PITTS. PA 83**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **875 GREEN TREE RD PARKWAY #7**
1.4 CITY-ST-ZIP **PITTS. PA 15220**

TITLE **VP**
NAME **BERGSTEDT, M.D.**
STREET ADDRESS **750 HOLIDAY DR, FOSTER PLAZA #9**
CITY-ST-ZIP **PITTS. PA 83**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **21750 CEDAR AVE**
2.4 CITY-ST-ZIP **LAKEVILLE MN 55123**

TITLE **AS**
NAME **BRYANT, R.E.**
STREET ADDRESS **750 HOLIDAY DR. FOSTER PLAZA #9**
CITY-ST-ZIP **PITTS. PA 83**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **Highway 169 NORTH Coffeyville Ind. MO**
3.4 CITY-ST-ZIP **COFFEYVILLE KANSAS 67337**

TITLE **AS**
NAME **BRYNER, C.J.**
STREET ADDRESS **750 HOLIDAY DR FOSTER PLAZA #9**
CITY-ST-ZIP **PITTS. PA 83**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **P.O. Box 27448 (WA)**
4.4 CITY-ST-ZIP **SPR. LAKE CITY, UT 84117**

TITLE **VP**
NAME **GARNER, R.W.**
STREET ADDRESS **750 HOLIDAY DR. FOSTER PLAZA #9**
CITY-ST-ZIP **PITTS. PA 83**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **Highway 169 NORTH Coffeyville Ind PARK**
5.4 CITY-ST-ZIP **COFFEYVILLE, KS 67337**

TITLE **S**
NAME **HAYS, C.M.**
STREET ADDRESS **750 HOLIDAY DR, FOSTER PLAZA #9**
CITY-ST-ZIP **PITTS. PA 83**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **11 STANWIX ST**
6.4 CITY-ST-ZIP **PITTS. PA 15222**

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 110.07(3)(b), 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 recorder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE:

Sandra B. Mortham

SANDRA B. MORTHAM

3/15/95

612-469-8325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone