

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 13 PM 12:07

DOCUMENT # P20890

(O)

1. Corporation Name

EVEREST CONSTRUCTION COMPANY

Principal Place of Business  
2685 LONG LAKE ROAD  
ROSEVILLE MN 55113

Mailing Address  
2685 LONG LAKE ROAD  
ROSEVILLE MN 55113

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>09/14/1988                                                                                                  | 3a. Date of Last Report<br>06/21/1994                  |
| 4. FEI Number<br>41-1579079                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                     | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |

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                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City                                               |              |
| 84. State                                              |              |

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 reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|---------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | D                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | NIELSEN, SUSAN M.   | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 2685 LONG LAKE ROAD | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | ROSEVILLE MN        | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | V                   | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BAKER, RICHARD J.   | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 2685 LONG LAKE RD.  | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | ROSEVILLE MN        | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | ST                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | KNIGHT, JAMES G.    | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 2685 LONG LAKE ROAD | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | ROSEVILLE MN        | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | P                   | 4.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NIELSEN, JEFFREY L. | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 2685 LONG LAKE RD.  | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | ROSEVILLE MN        | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | D                   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | NELSON, TIMOTHY J.  | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 2685 LONG LAKE RD.  | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | ROSEVILLE MN        | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      |                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                     | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                     | 6.4 CITY-ST-ZIP                                       |                                                                              |

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 its 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 appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2/27/95 612-636-5500