FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR -6 AM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23677** **(8)**

1. Corporation Name

XERXES CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3110 REYNOLDS ROAD LAKELAND FL 33803	7901 XERXES AVE. S. MINNEAPOLIS MN 55431

3. Date Incorporated or Qualified: **03/31/1989**
3a. Date of Last Report: **04/29/1994**

4. FEI Number: **41-1635821** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	BURWELL, RODNEY	12 NAME	
STREET ADDRESS	7901 XERXES AVE. S.	13 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55431	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	DORRIS, ALBERT F	22 NAME	
STREET ADDRESS	7901 XERXES AVE. S.	23 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55431	24 CITY-ST-ZIP	
TITLE	VCTS	31 TITLE	☐ Change ☐ Addition
NAME	BACHMEIER, RONALD M.	32 NAME	
STREET ADDRESS	7901 XERXES AVE. S.	33 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55431	34 CITY-ST-ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	PETERSON, CRAIG D.	42 NAME	
STREET ADDRESS	7901 XERXES AVE. S.	43 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald M. Bachmeier VP+CFO 3/27/95 (612) 887-1890
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #
RONALD M. BACHMEIER

007A06