

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P23677

1. Corporation Name

Xerxes Corporation

Principal Place of Business

3110 Reynolds Road  
Lakeland, FL 33803

Mailing Address

7901 Xerxes Avenue South  
Minneapolis, MN 55431

3. Date Incorporated or Qualified

03/31/89

3a. Date of Last Report

04/06/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

41-1635821

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

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

Signature, typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	Rodney P. Burwell	
STREET ADDRESS	7901 Xerxes Avenue South	
CITY-ST-ZIP	Minneapolis, MN 55431	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Albert F. Dorris	
STREET ADDRESS	7901 Xerxes Avenue South	
CITY-ST-ZIP	Minneapolis, MN 55431	
TITLE	VCT	<input type="checkbox"/> DELETE
NAME	Ronald M. Bachmeier	
STREET ADDRESS	7901 Xerxes Avenue South	
CITY-ST-ZIP	Minneapolis, MN 55431	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	Craig D. Peterson	
STREET ADDRESS	7901 Xerxes Avenue South	
CITY-ST-ZIP	Minneapolis, MN 55431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(k), 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

SIGNATURE:

*Ronald M. Bachmeier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

(612) 887-1859

50-3-14-96

CR2E034 (12/95)