

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P26284 (0)
1. Corporation Name
COUNTRY LODGING BY CARLSON, INC.



Principal Place of Business

CARLSON PARKWAY
P.O. BOX 59159
MINNEAPOLIS MN 55459

Mailing Address

P. O. BOX 59159
ATTN: TAX DEPT.
MINNEAPOLIS MN 55459-8200
US

3. Date Incorporated or Qualified

10/03/1989

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

41-1562546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
NELSON, CURTIS
12755 STATE HWY. 55
MINNEAPOLIS MN ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HAMANN, DARREL M.
12755 STATE HWY. 55
MINNEAPOLIS MN ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
CLIFTON, RANDY M
12755 STATE HWY. 55
MINNEAPOLIS MN ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DRASHER, GLENN
12755 STATE HWY. 55
MINNEAPOLIS MN ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KIRWIN, PAUL S.
12755 STATE HWY. 55
MINNEAPOLIS MN ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Secretary
Gary Widell
12755 State Hwy 55
Minneapolis MN 55441 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Vice President-Lodging
Nancy Johnson
12755 State Hwy 55
Minneapolis MN 55441 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

Darrel M. Hamann, VP -Tax 4-17-97 612-540-5883

CR2E034 (9/96)