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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31554** (9)
1. Corporation Name
RITRAMA DURAMARK, INC.

Principal Place of Business Mailing Address
800 KASOTA AVENUE, SOUTHEAST MINNEAPOLIS MN 55414

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/29/1990** 3a. Date of Last Report **10/10/1994**
4. FEI Number **41-0846790** 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 2a. Mailing Address
21 **SAME** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**
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 _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BOHN, DAVID J. 800 KASOTA AVE SE MINNEAPOLIS MN 55414	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BOHN, DAVID J.	1.2 NAME	PD SANTURRI, PASCO R.
STREET ADDRESS	800 KASOTA AVE SE	1.3 STREET ADDRESS	341 EDDY RD.
CITY-ST-ZIP	MINNEAPOLIS MN 55414	1.4 CITY-ST-ZIP	CLEVELAND, OH 44108
TITLE	STV PIERCE, DANIEL J. 800 KASOTA AVE. SE MINNEAPOLIS MN 55414	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, DANIEL J.	2.2 NAME	
STREET ADDRESS	800 KASOTA AVE. SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55414	2.4 CITY-ST-ZIP	
TITLE	VPD SANTURRI, PASCO R. 341 EDDY ROAD CLEVELAND OH 44108	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SANTURRI, PASCO R.	3.2 NAME	HANZAL DARYL
STREET ADDRESS	341 EDDY ROAD	3.3 STREET ADDRESS	800 KASOTA AVE. SE
CITY-ST-ZIP	CLEVELAND OH 44108	3.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55414
TITLE	D HINK, ARNOLD VIA DELLA GUERRINA 108 20052 MONZA ITALY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINK, ARNOLD	4.2 NAME	
STREET ADDRESS	VIA DELLA GUERRINA 108	4.3 STREET ADDRESS	
CITY-ST-ZIP	20052 MONZA ITALY	4.4 CITY-ST-ZIP	
TITLE	D RINK, TOMAS VIA DELLA GUERRINA 108 20052 MONZA ITALY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINK, TOMAS	5.2 NAME	
STREET ADDRESS	VIA DELLA GUERRINA 108	5.3 STREET ADDRESS	
CITY-ST-ZIP	20052 MONZA ITALY	5.4 CITY-ST-ZIP	
TITLE	D EVANS, LEN LYNWELL ROAD MANCHESTER M3080G ENGLAND	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, LEN	6.2 NAME	
STREET ADDRESS	LYNWELL ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER M3080G ENGLAND	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 in an attachment with an address.

SIGNATURE: Daniel Pierce VP/CFO 3/14/95 612-378-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type) (Phone #)