

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

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



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

3. Date Incorporated or Qualified: **10/29/1990**  
 3a. Date of Last Report: **03/21/1995**  
 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: **21**  
 2a. Mailing Address: **26**  
 Suite, Apt. #, etc.: **22**  
 Suite, Apt. #, etc.: **27**  
 City & State: **23**  
 City & State: **28**  
 Zip: **24** Country: **25**  
 Zip: **29** Country: **30**

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 \_\_\_\_\_ (PRINT) Registered Agent Signature (to be dated on registration) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANTURRI, PASCO R.	
STREET ADDRESS	341 EDDY RD.	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	STV	<input type="checkbox"/> DELETE
NAME	PIERCE, DANIEL J.	
STREET ADDRESS	800 KASOTA AVE. SE	
CITY - ST - ZIP	MINNEAPOLIS MN 55414	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HANZAL, DARYL	
STREET ADDRESS	800 KASOTA AVE. SE	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RINK, ARNOLD	
STREET ADDRESS	VIA DELLA GUERRINA 108	
CITY - ST - ZIP	20052 MONZA ITALY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RINK, TOMAS	
STREET ADDRESS	VIA DELLA GUERRINA 108	
CITY - ST - ZIP	20052 MONZA ITALY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, LEN	
STREET ADDRESS	LYNWELL ROAD	
CITY - ST - ZIP	MANCHESTER M3090G ENGLAND	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Daniel J. Pierce VP/CEO* 6/7/96 612-378-2277  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type Phone #)

CR2E034 (3/96)