

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P31981** (4)

1. Corporation Name

**STAR SERVICES, INC. OF DELAWARE**

Principal Place of Business

**4700 NATHAN LANE  
P O BOX 46106  
PLYMOUTH MN 55442**

Mailing Address

**4700 NATHAN LANE  
PO BOX 42106  
PLYMOUTH MN 55442  
US**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                  |                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/03/1990</b>                                                                                           | 3a. Date of Last Report<br><b>05/17/1994</b>                                       |
| 4. FEI Number<br><b>41-1669436</b>                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                     | <b>\$8.75</b> Additional Fee Required                                              |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | <b>\$5.00</b> May Be Added to Fees                                                 |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                    |

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST  
STE 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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

|                 |                    |
|-----------------|--------------------|
| TITLE           | PD                 |
| NAME            | EINLOTH, JAMES G.  |
| STREET ADDRESS  | 4700 NATHAN LANE   |
| CITY - ST - ZIP | PLYMOUTH MN        |
| TITLE           | VT                 |
| NAME            | FENSKE, JAMES E.   |
| STREET ADDRESS  | 4700 NATHAN LANE   |
| CITY - ST - ZIP | PLYMOUTH MN        |
| TITLE           | V                  |
| NAME            | REINER, ROBERT E   |
| STREET ADDRESS  | 4700 NATHAN LANE   |
| CITY - ST - ZIP | PLYMOUTH MN        |
| TITLE           | V                  |
| NAME            | NYBERG, RONALD L.  |
| STREET ADDRESS  | 4700 NATHAN LANE   |
| CITY - ST - ZIP | PLYMOUTH MN        |
| TITLE           | S                  |
| NAME            | HARTMAN, MORRIS J. |
| STREET ADDRESS  | 4700 NATHAN LANE   |
| CITY - ST - ZIP | PLYMOUTH, MN       |
| TITLE           | VS                 |
| NAME            | SMITH, LARRY L     |
| STREET ADDRESS  | 4700 NATHAN LN     |
| CITY - ST - ZIP | PLYMOUTH MN        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                    |                                                                              |
|---------------------|--------------------|------------------------------------------------------------------------------|
| 1. 1 TITLE          | D                  | <input checked="" 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          | P                  | <input checked="" 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          | VP, AS             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME            | DODGE, JONATHAN K. |                                                                              |
| 6.3 STREET ADDRESS  | 591 Park Avenue    |                                                                              |
| 6.4 CITY - ST - ZIP | New York, NY 10021 |                                                                              |

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 110.07(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:

*Morris J. Hartman*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morris J. Hartman, Secretary (612) 553-8300

(Date)

(Signature Place)