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Mar 05 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 # P33020

(9)

1. Corporation Name

FIBERMUX CORPORATION

Principal Place of Business

21415 PLUMMER STREET
CHATSWORTH CA 91311

Mailing Address

21415 PLUMMER STREET
CHATSWORTH CA 91311-4102



3. Date Incorporated or Qualified

02/28/1991

3a. Date of Last Report

02/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 4900 W. 78th Street

27 Suite, Apt. #, etc.

28 City & State

28 Minneapolis, Minnesota

29 Zip

55435

30 Country

USA

4. FEI Number

95-3942727

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CADOGAN, WILLIAM J	
STREET ADDRESS	4900 WEST 78TH STREET	
CITY - ST - ZIP	MINNEAPOLIS MN 55435	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SWITZ, ROBERT E	
STREET ADDRESS	4900 WEST 78TH STREET	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, LYNN J	
STREET ADDRESS	4900 WEST 78TH STREET	
CITY - ST - ZIP	MINNEAPOLIS MN 55435	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILBERT, RICHARD S	
STREET ADDRESS	14375 NW SCIENCE PARK DRIVE	
CITY - ST - ZIP	PORTLAND OR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WATTS, STEPHEN D	
STREET ADDRESS	21415 PLUMMER STREET	
CITY - ST - ZIP	CHATSWORTH CA 91311	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FISHER, DAVID F	
STREET ADDRESS	4900 WEST 78TH STREET	
CITY - ST - ZIP	MINNEAPOLIS MN 55435	

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 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 on an attachment with an address.

SIGNATURE:

David F. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-97

Date

(612)946-3042

Daytime Phone #

CR2E034 (9/96)