FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # **P34805** **(2)**

1. Corporation Name
CHRISTIANSON SALES CO.

Principal Place of Business	Mailing Address
1828 MARSHALL ST NE MINNEAPOLIS MN 55418 US	1828 MARSHALL ST NE MINNEAPOLIS MN 55418-4211 US

3. Date Incorporated or Qualified: 07/22/1991
3a. Date of Last Report: 05/20/1996
4. FEI Number: 41-1692116 ☐ 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 63 ST. ANTHONY PARKWAY	26 PO BOX 1320
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 MINNEAPOLIS MN	City & State 28 MINNEAPOLIS MN
Zip 24 55418 Country 25 USA	Zip 29 55440-1320 Country 30 USA

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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ NOTE: Registered Agent signature required when reinstating. DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CHRISTIANSON, WARREN T.		1.2 NAME	
STREET ADDRESS	1828 MARSHALL ST NE		1.3 STREET ADDRESS	63 ST. ANTHONY PKWY
CITY-ST-ZIP	MINNEAPOLIS MN		1.4 CITY-ST-ZIP	MINNEAPOLIS MN 55418
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HANSEN, RICHARD R.		2.2 NAME	
STREET ADDRESS	900 SECOND AVE. SO.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COX, JAMES C.		3.2 NAME	
STREET ADDRESS	5729 ABBOTT AVE. SO.		3.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN		3.4 CITY-ST-ZIP	
TITLE	PCOO	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KUREK, ROBERT		4.2 NAME	
STREET ADDRESS	6008 DUBLIN CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN		4.4 CITY-ST-ZIP	
TITLE	CEOD	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	PEYTON, PATRICK J		5.2 NAME	
STREET ADDRESS	1828 MARSHALL ST NE		5.3 STREET ADDRESS	63 ST. ANTHONY PKWY
CITY-ST-ZIP	MINNEAPOLIS MN		5.4 CITY-ST-ZIP	MINNEAPOLIS MN 55418
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] PATRICK J. PEYTON 3/01/97 (612) 781-5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #