PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P34805**

1. Corporation Name

CHRISTIANSON SALES CO.

Principal Place	e of Business	Mailing Address					
63 ST ANTHON		PO BOX 1320					
MINNEAPOLIS MN 55418		MINNEAPOLIS MN 55440-1320			DO NOT WRITE IN THIS	SPACE	
US		US			3. Date Incorporated or Qualifed		
					07/22/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			41-1692116		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	4	Additional _
22		27			3. Certificate of Glatos Desired	Fee I	Required
City & State	9	City & State			6. Election Campaign Financing		0 May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Int	angible ∐Yes	1 5€No
24	25	29 30	— -		Personal Property Tax. 10. Name and Address of New Registered		52010
9. Name and Address of Current Registered Agent					to. Name and Address of New Adjistance	- rgo	
CT C	ORPORATION SYSTEM		82				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Street	Address (P.O. Box Number is Not Acceptable)		
			84	City	FL	85 Zi	ip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	the above	-named	corporation submits this statement for the purpose of	changing	its registered
office or n	egistered agent, or both, in the State on familiar with, and accept the obligation	if Florida. Such change was autho	onzed by	ine como	pration's board of directors. I hereby accept the appoi	ntment as	registered
	in lainular with, and accept the obligati	5/13 (1, Coddon 007.0000) 1 10/100	Ottaio	•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Agen	t signature r	equired when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE		DIRECTOR WIRERGAL G	☐ Chang	ge Addition
NAME	CHRISTIANSON, WARREN T.		1.2 NAME		CHRISTIANSON, WARREN G. 63 ST ANTHONY PKWY		
STREET ADDRESS	63 ST ANTHONY PKWY		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN			r-ZIP	MINNEAPOUS MN 55418	Chang	ge Addition
TITLE	DS	DELETE 2.1 TM.			DIRECTOR	_ Chang	e (Addition
NAME	HANSEN, RICHARD R.		2.2 NAME		RASLEY, MARY J.		
STREET ADDRESS			2.3 STREET		63 ST ANTHONY PKWY		
C(TY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY- DELÉTE 3.1 TITLE		T-ZIP	MINNEAPOLIS MN 55418	☐] Chang	e Addition
TITLE	VP	☐ DEFEIF	3.1 TITLE		CFO Tuomie, STEVE W.	Onlang	ic Mysonion
NAME	COX, JAMES C.		3.2 NAME		SID WEST COUNTY RD D.		
STREET ADDRESS	5729 ABBOTT AVE. SO.		3.3 STREET		ST. PAUL MN 55112		
CITY-ST-ZIP	PCOO	☐ DELETE	3.4. CITY- \$ 4.1 TITLE	1-212	31. PAUL 1110 33112	[T] Chang	ge Addition
TITLE	KUREK, ROBERT	C) Decere	4.2 NAME				****
NAME	6008 DUBLIN CIRCLE		4.3 STREET	ANDRESS	_		
STREET ADDRESS	EDINA MN		4.4 CITY-S				
CITY-ST-ZIP	CEOD	☐ DELETE	5.1 TITLE	-437		Chang	ge 🔲 Addition
NAME	PEYTON, PATRICK J		5.2 NAME				
STREET ADDRESS	63 ST ANTHONY PKWY		5.3 STREET	ADDRESS			
	MINNEAPOLIS MN		5.4 CITY-S	T-ZIP			
CITY-ST-ZIP	AS .	☐ DELETÉ	6.1 TITLE			Chang	ge
NAME	GERALDINE A RONNINGEN	_	6.2 NAME				

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 en an attachment with an address, with all other like empowered.

SIGNATURE:

CiTY-ST-ZIP

STREET ADDRESS 63 ST ANTHONY PKWY

MINNEAPOLIS MN

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

FILED May 10, 1999 8:00 am Secretary of State

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