

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000017132 (0)

1. Corporation Name

CBM FINANCING CORP.



Principal Place of Business

Mailing Address

9887 FOURTH STREET NO.
ST. PETERSBURG FL 33702
US

P. O. BOX 42008
ST PETERSBURG FL 33742-4008
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 PO Box 59159

Suite, Apt. #, etc.

27 Attn: Tax Department

City & State

28 Minneapolis

Zip

Country

29 55459-8250

30

USA

3. Date Incorporated or Qualified

03/05/1993

4. FEI Number

65-0432804

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ROBERT H. REEVES
9887 FOURTH STREET NO.
P. O. BOX 42008
ST PETERSBURG FL 33742-4008

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 PD ☒ DELETE

NAME REEVES, ROBERT H
STREET ADDRESS 9887 FOURTH STREET NO. BOX 42008
CITY-ST-ZIP ST PETERSBURG FL

TITLE SD ☒ DELETE

NAME SHARPE, JOAN F
STREET ADDRESS 9887 FOURTH ST. NO. BOX 42008
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Michael Batt
1.3 STREET ADDRESS 12755 State Hwy 55
1.4 CITY-ST-ZIP Minneapolis, MN 55441

2.1 TITLE Vice President-Tax ☐ Change ☒ Addition

2.2 NAME Darrel M. Hamann
2.3 STREET ADDRESS 12755 State Hwy 55
2.4 CITY-ST-ZIP Minneapolis, MN 55441

3.1 TITLE Vice President-CFO ☐ Change ☒ Addition

3.2 NAME John M. Dignan
3.3 STREET ADDRESS 12755 State Hwy 55
3.4 CITY-ST-ZIP Minneapolis, MN 55441

4.1 TITLE Secretary ☐ Change ☒ Addition

4.2 NAME Gerald Hogan
4.3 STREET ADDRESS 12755 State Hwy 55
4.4 CITY-ST-ZIP Minneapolis, MN 55441

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE Darrel M. Hamann VP-Tax 4-28-98 612/540-5883

CR2E034 (10/97)