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Sep 22 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 # **P93000021166 (2)**

1. Corporation Name
MARATECH CORPORATION

Principal Place of Business	Mailing Address
1455 W BUSCH BLVD P.O. BOX 230340 TAMPA FL 33637 US	1455 W BUSCH BLVD P.O.BOX 280340 TAMPA FL 33682-0340 US

3. Date Incorporated or Qualified: 03/22/1993
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business
21 1051 Madison Avenue
Suite, Apt. #, etc.
22
City & State
23 Mankato, MN
Zip 24 56002 Country 25

2a. Mailing Address
26 P.O. Box 4009
Suite, Apt. #, etc.
27
City & State
28 Mankato, MN
Zip 29 56002 Country 30

4. FEI Number: 65-0406777 ☐ 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

KARVONEN, DANIEL S
1455 W BUSCH BLVD
P.O. BOX 280340
TAMPA FL 33682

10. Name and Address of New Registered Agent

81 Name: Daniel S. Karvonen
82 Street Address (P.O. Box Number is Not Acceptable): 16019 Saddlebrook Drive
83
84 City: Tampa FL 85 Zip Code: 33618

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: Daniel S. Karvonen, Chairman — 9/16/97
Signature, typed or printed name of respective officer(s) listed below as applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2		
TITLE	CEO	☐ DELETE	1.1 TITLE	CEO/CFO/D	☒ Change ☐ Addition
NAME	KARVONEN, DANIEL S		1.2 NAME	Karvonen, Daniel S.	
STREET ADDRESS	1455 W BUSCH BLVD		1.3 STREET ADDRESS	1051 Madison Avenue	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Mankato, MN 55057	
TITLE	P	☐ DELETE	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	KANE, LESTER E		2.2 NAME	Kane, Lester, E.	
STREET ADDRESS	12848 GOODWOOD BLVD.		2.3 STREET ADDRESS	12848 Goodwood Blvd.	
CITY-ST-ZIP	BATON ROUGE LA 70815		2.4 CITY-ST-ZIP	Baton Rouge, LA 70815	
TITLE	CFO	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DUANE F		3.2 NAME		
STREET ADDRESS	PO BOX 4009		3.3 STREET ADDRESS		
CITY-ST-ZIP	MANKATO MN		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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: Daniel S. Karvonen, Chairman — 9/16/97