

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000407

**FILED**  
**Jul 29, 2019**  
**Secretary of State**  
**4708656819CC**

**Entity Name:** HOLMES CORPORATION OF MINNESOTA

**Current Principal Place of Business:**

2975 LONE OAK DRIVE, SUITE 180  
EAGAN, MN 55121

**Current Mailing Address:**

2975 LONE OAK DRIVE, SUITE 180  
EAGAN, MN 55121

**FEI Number:** 41-1447467

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            ANDERSON, MARY B  
Address        2975 LONE OAK DRIVE, SUITE 180  
City-State-Zip: EAGAN MN 55121

Title            SVP  
Name            SCHMELZ, THOMAS  
Address        2975 LONE OAK DRIVE, SUITE 180  
City-State-Zip: EAGAN MN 55121

Title            CFO  
Name            MCLINDEN, DARYL  
Address        2975 LONE OAK DRIVE, SUITE 180  
City-State-Zip: EAGAN MN 55121

Title            C  
Name            MILLER, SCOTT  
Address        2975 LONE OAK DRIVE, SUITE 180  
City-State-Zip: EAGAN MN 55121

Title            VC  
Name            SCHMELZ, THOMAS  
Address        2975 LONE OAK DRIVE, SUITE 180  
City-State-Zip: EAGAN MN 55121

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DARYL MCLINDEN

**CFO**

**07/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date