

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02875

Entity Name: TARGET CORPORATION**Current Principal Place of Business:**1000 NICOLLET MALL
MINNEAPOLIS, MN 55403**Current Mailing Address:**1000 NICOLLET MALL
TPS-3155
MINNEAPOLIS, MN 55403 US**FEI Number:** 41-0215170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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 ASSISTANT SECRETARY
Name DONLIN, DAVID L
Address 1000 NICOLLET MALL
City-State-Zip: MINNEAPOLIS MN 55403

Title COO
Name MULLIGAN, JOHN J
Address 1000 NICOLLET MALL
City-State-Zip: MINNEAPOLIS MN 55403

Title SENIOR VICE PRESIDENT AND
TREASURER
Name HAALAND, COREY
Address 1000 NICOLLET MALL
City-State-Zip: MINNEAPOLIS MN 55403

Title VP
Name LEISEN, JOHN
Address 1000 NICOLLET MALL
City-State-Zip: MINNEAPOLIS MN 55403

Title CEO
Name CORNELL, BRIAN C
Address 1000 NICOLLET MALL
City-State-Zip: MINNEAPOLIS MN 55403

Title DIRECTOR
Name CORNELL, BRIAN C
Address 1000 NICOLLET MALL
City-State-Zip: MINNEAPOLIS MN 55403

Title VP
Name BROWN-WIESE, JANINE L.
Address 1000 NICOLLET MALL
City-State-Zip: MINNEAPOLIS MN 55403

Title VP
Name MAKREDES, STEVE
Address 1000 NICOLLET MALL
City-State-Zip: MINNEAPOLIS MN 55403

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: DAVID L. DONLIN**ASSISTANT SECRETARY** 02/28/2020_____
Electronic Signature of Signing Officer/Director Detail_____
Date