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May 08 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 # 854553 (5)

1. Corporation Name
HEUBLEIN, INC.

Principal Place of Business

16 MUNSON ROAD
FARMINGTON CT 06032
US

Mailing Address

200 SOUTH SIXTH ST
MINNEAPOLIS MN 55402-1403
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/01/1982

3a. Date of Last Report

04/03/1996

4. FEI Number

06-1067908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 P
NAME FUREK, R.
STREET ADDRESS 45 BELKNAP ROAD
CITY-ST-ZIP WEST HARTFORD CT ☒ DELETE

TITLE VP
NAME WILSON, ALEX
STREET ADDRESS 15 GLENMORE DRIVE
CITY-ST-ZIP FARMINGTON CT ☒ DELETE

TITLE EVP
NAME MOTTERN, CHRISTIPHER
STREET ADDRESS 30 FAIRFIELD CT
CITY-ST-ZIP SAN MATEO CA ☒ DELETE

TITLE VPT
NAME LARSON, MARK A
STREET ADDRESS 40 NORTHGATE
CITY-ST-ZIP AVON CT ☐ DELETE

TITLE V
NAME LEDREW, FREDERICK J.
STREET ADDRESS 222 STAGECOACH ROAD
CITY-ST-ZIP AVON CT ☐ DELETE

TITLE VPS
NAME SCOTT, DAVID
STREET ADDRESS 25 ANVIL DR.
CITY-ST-ZIP AVON CT ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P D
12 NAME PHILLIPS, CHARLES A. ☐ Change ☒ Addition
13 STREET ADDRESS 450 COLUMBUS BLVD
14 CITY-ST-ZIP HARTFORD CT 06103-1800

21 TITLE AS
22 NAME POPPELE, DONALD R. ☐ Change ☒ Addition
23 STREET ADDRESS 200 SOUTH SIXTH STREET
24 CITY-ST-ZIP MINNEAPOLIS MN 55402

31 TITLE V
32 NAME RICKARD, DAVID ☐ Change ☐ Addition
33 STREET ADDRESS 450 COLUMBUS BLVD
34 CITY-ST-ZIP HARTFORD CT 06103-1800

41 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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:

4/30/97 612 330-4915

CR2E034 (9/96)