2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F9900003812 1. Entity Name TECHNE STRUCTURES, INC. Principal Place of Business 8777 BROADUS LOOP RD EIGHT MILE, AL 36613 Mailing Address P.O. BOX 923 SEMMES, AL 36575

SIGNATURE:

FILED Mar 19, 2004 08:00 AM Secretary of State

3/16/04

2516491491

DO NOT WRITE IN THIS SPACE				03162004 4. FEI Numb 63-097 5. Certificate			Applied For Not Applicable Additional	
6. Name and Address of Current Registered Agent						Fee Req	ಟired	
HOLMES, CHESTER J 3200 HARBOR ROAD KISSIMMEE, FL 34746				DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the paons of registered agent.				th, in the State of Flor		rith, and accept	
Signature, typed or printed name of registered agont and life if applicable (MOTE: Registered				required when remetating)	DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May 8e Added to Fees	U00000 03/19/04-	1092322 -80004-011	150.00	
10.	OFFICERS AND DIREC	CTORS						
HAME STREET ADDRESS CHY-SI-ZIP HILL MAINE STREET ADDRESS CHY-SI-ZIP	P FELLOWS, STEVE 8777 BROADUS LOOP ROAD EIGHTMILE, AL 36613 V FELLOWS, KAREN 8777 BROADUS LOOP ROAD EIGHTMILE, AL 36613							
NAME STREET ADDRESS CHY-ST-ZP TITLE	,				NOT W			
NAME STREET ADDRESS CITY-ST-ZIP				· IN	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CHY-ST-ZP				·				
12. I hereby a indicated of the corchanged.	certify that the information supplied with this fi on this report or supplemental report is true p poration or the receiver or trustee empowers or on an attachment with an address, with a	ling does not qualify for the exe mg accurate and that my signal d to frectite this report as requir t other like propowered.	mption states ture shall have red by Chapi	d in Section 119.07(3) re the same legal effet ter 607, Florida Statuti	(i), Florida Statutes, I if as if made under o es; and that my name	further certify that t ath, that I am an of appears in Block 1	he information licer or director IO or Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR