RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 10-12-93
RECEIPT NO. 372708

RECEIVED
OCT 12 1993
Secretary of State

1. Corporate Name and Mailing Address, including Zip + 4:

FB-000226 OCT/92
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.

COLD SPRINGS, MN 56320-2508

Telephone # 612-685-4887
FAX # 612-685-8490
Federal Taxpayer ID

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent the last day of the following month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. ANY CHANGE requires full completion of the form.

☑ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* *

2. It is incorporated under the laws of _____ and the address of its principal office or registered office in the state of incorporation is _____ Zip + 4 _____

3. The address of its registered office in South Dakota is _____
_____ Zip + 4 _____
and the name of its registered agent at such address is _____

4. The character of the business in which it is actually engaged in South Dakota _____
_____

5. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	Director	_____			
_____	Director	_____			
_____	President	_____			
_____	Vice President	_____			
_____	Secretary	_____			
_____	Treasurer	_____			

6. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

7. NUMBER OF SHARES ISSUED	CLASS	SERIES

8. The amount of its stated capital is $ _____.

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated Oct 1 19 93

By G Flint
(Signature)

Its Assistant Treasurer
(Title)

STATE OF Minnesota
COUNTY OF Stearns ss

I, Pamela Overland, a notary public, do hereby certify that on this 1 day of October 19 93, personally appeared before me Gregory Flint who, being by me first duly sworn, declared that he/she is the Assistant Treasurer of Cold Spring Granite Co., that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires

PAMELA OVERLAND
NOTARY PUBLIC — MINNESOTA
STEARNS COUNTY
My commission expires 6-24-99

Pamela Overland
Notary Public

SOS CRP 4-10-92

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

9 3 1 1 1 7

ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 10-21-94
RECEIPT NO. 419549

OCT 21 1994

Secretary of State

1. Corporate Name and Mailing Address, including Zip + 4:

FB-000226 OCT/93
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRINGS, MN 56320-2508

Telephone # 612-685-4887
FAX # 612-685-8490

Federal Taxpayer ID

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent the last day of the following month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. ANY CHANGE requires full completion of the form.

☑ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* *

2 It is incorporated under the laws of _____ and the address of its principal office or registered office in the state of incorporation is _____ Zip + 4 _____

3 The address of its registered office in South Dakota is _____

_____ Zip + 4 _____

and the name of its registered agent at such address is _____

4 The character of the business in which it is actually engaged in South Dakota _____

_____

5 The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	Director	_____			
_____	Director	_____			
_____	President	_____			
_____	Vice President	_____			
_____	Secretary	_____			
_____	Treasurer	_____			

6 The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class.

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

7. NUMBER OF SHARES ISSUED	CLASS	SERIES

8. The amount of its stated capital is $ _____

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated October 18 1994

By _____
(Signature)

Its Assistant Treasurer
(Title)

STATE OF Minnesota
COUNTY OF Stearns ss

I, Pamela Overland a notary public, do hereby certify that on this 18 day of October 1994, personally appeared before me Beverly Flint who, being by me first duly sworn, declared that he/she is the Asst Treasurer of Cold Spring Granite Company, that he/she signed the foregoing document as officer of the corporation, and that the statements therein contained are true.

My Commission Expires _____

PAMELA OVERLAND
NOTARY PUBLIC — MINNESOTA
STEARNS COUNTY

_____
Notary Public

SOS CRP 410 10/93

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 10-16-95
RECEIPT NO. 444467

RECEIVED
OCT 16 1995
S.D. SEC. OF STATE

1. Corporate Name and Mailing Address, including Zip + 4:

OCT 94
FB-000226
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRING, MN 56320-2538

Telephone # 612-255-4881
FAX # 612-255-8410
Federal Taxpayer ID [redacted]

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. ANY CHANGE requires full completion of the form.

☑ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. It is incorporated under the laws of _____ and the address of its principal office or registered office in the state of incorporation is _____ Zip + 4 _____

3. The address of its registered office in South Dakota is _____
_____ Zip + 4 _____
and the name of its registered agent at such address is _____

4. The character of the business in which it is actually engaged in South Dakota _____
_____

5. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	Director	_____			
_____	Director	_____			
_____	President	_____			
_____	Vice President	_____			
_____	Secretary	_____			
_____	Treasurer	_____			

6. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
7. NUMBER OF SHARES ISSUED	CLASS	SERIES	

8. The amount of its stated capital is $ _____.

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated October 9 19 95

By Conrad J. Meier
(Signature)

Its Asst Treasurer
(Title)

STATE OF Minnesota
COUNTY OF Stearns ss

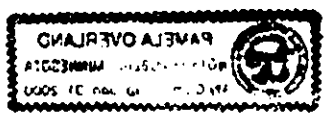
I, PAMELA OVERLAND, a notary public, do hereby certify that on this 9 day of October 19 95, personally appeared before me Conrad Meier who, being by me first duly sworn, declared that he/she is the Asst. Treasurer of Cold Spring Granite Co that he/she signed the foregoing document as officer of the corporation, and that the statements therein contained are true.

My Commission Expires _____

PAMELA OVERLAND
NOTARY PUBLIC - MINNESOTA
My Comm. Exp. Jan. 31, 2000

Notary Public

SOS CRP 410 11/94



961218503

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILING FEE $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 11-14-96
RECEIPT NO 583224
RECEIVED
DEC 24 1995
RECEIVED
NOV 14 1996
S.D. SEC. OF STATE

1 Corporate Name and Mailing Address, including Zip + 4

FB-000226 OCT/95
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRINGS, MN 56320-2508

Telephone # 320 685-4480
FAX # 320-685-5490
Federal Taxpayer ID

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. ANY CHANGE requires full completion of the form.

☑ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* *

2 It is incorporated under the laws of _____ and the address of its principal office or registered office in the state of incorporation is _____ Zip + 4 _____

3 The address of its registered office in South Dakota is _____
_____ Zip + 4 _____
and the name of its registered agent at such address is _____

4 The character of the business in which it is actually engaged in South Dakota _____
_____

5 The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	Director	_____			
_____	Director	_____			
_____	President	_____			
_____	Vice President	_____			
_____	Secretary	_____			
_____	Treasurer	_____			

6 The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series if any, within a class

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

7. NUMBER OF SHARES ISSUED	CLASS	SERIES

8. The amount of its stated capital is $ _____

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 10 29 1996

By Thomas E. Lehman
(Signature)

Its ASSISTANT TREASURER
(Title)

STATE OF MINNESOTA
COUNTY OF Stearns ss

I, Pamela Overland, a notary public, do hereby certify that on this 29 day of October 1996, personally appeared before me Thomas Lehman who, being by me first duly sworn, declared that he/she is the Asst Treasurer of the Cold Spring Granite Co that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 1-31-2000

PAMELA OVERLAND
NOTARY PUBLIC - MINNESOTA
My Comm. Expires Jan. 31, 2000

(Notarial Seal) Notary Public

SOS CRP 410 11/94

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

9711139 3161

ANNUAL REPORT
FOREIGN
PLEASE TYPE OR USE BLACK INK

FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 10/23/97
RECEIPT NO. 643299

RECEIVED
OCT 23 1997
S.D. SEC OF STATE

1. Corporate Name and Mailing Address, including Zip + 4:

FB-000226 OCT/96
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRINGS, MN 56320-2508

Telephone # 320-685-4887
FAX # 320-685-8490
Federal Taxpayer ID # ______

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. ANY CHANGE requires full completion of the form.

[✓] ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* *

2. It is incorporated under the laws of ______ and the address of its principal office or registered office in the state of incorporation is ______ Zip + 4 ______

3. The address of its registered office in South Dakota is ______ Zip + 4 ______

and the name of its registered agent at such address is ______

4. The character of the business in which it is actually engaged in South Dakota ______

5. The names and addresses of its directors and officers.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
	Director				
	Director				
	President				
	Vice President				
	Secretary				
	Treasurer				

6. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

7. NUMBER OF SHARES ISSUED CLASS SERIES

8. The amount of its stated capital is $ ______

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 10-21 19 97

By [signature] (Signature)

Its ASSISTANT TREASURER (Title)

STATE OF Minnesota
COUNTY OF Stearns ss

I, Pamela Overland, a notary public, do hereby certify that on this 21 day of Oct 19 97, personally appeared before me Thomas Lehman who, being by me first duly sworn, delcared that he/she is the Asst. Treasurer of Cold Spring Granite Co, that he/she signed the foregoing document as officer of the corporation, and t[hat] ...

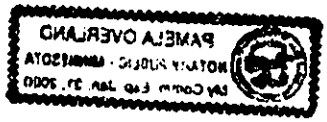
My Commission Expires Jan ...

PAMELA OVERLAND
NOTARY PUBLIC - MINNESOTA
My Comm. Exp. Jan. 31, 2000

(Notar[ial Seal])

[signature]
Notary Public

SOS CRP 410 6/97


PAMELA OVERLAND
NOTARY PUBLIC - MINNESOTA
My Comm. Exp. Jan. 31, 2000

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 10-22-98
RECEIPT NO. 947996

OCT 22 1998

SEC. OF STATE

1. Corporate Name and Mailing Address, includ ng Zip + 4:

FB-000226 OCT/97
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRINGS, MN 56320-2508

Telephone # 320-685-4887
FAX # 320-685-8490
Federal Taxpayer ID

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. **ANY CHANGE** requires full completion of the form.

☑ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* *

2. It is incorporated under the laws of _____ and the address of its principal office or registered office in the state of incorporation is _____ Zip + 4 _____

3. The address of its registered office in South Dakota is _____
_____ Zip + 4 _____
and the name of its registered agent at such address is _____

4. The character of the business in which it is actually engaged in South Dakota _____
_____

5. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	Director				
_____	Director				
_____	President				
_____	Vice President				
_____	Secretary				
_____	Treasurer				

6. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

7. NUMBER OF SHARES ISSUED	CLASS	SERIES

8. The amount of its stated capital is $ _____

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 10-19 1998

By Tom Lehman
(Signature)

Its ASSISTANT TREASURER
(Title)

STATE OF MINNESOTA
COUNTY OF STEARNS ss

I, PAMELA QUERLAND, a notary public, do hereby certify that on this 19 day of OCTOBER 1998, personally appeared before me Thomas Lehman who, being by me first duly sworn, declared that he/she is the ASST Treasurer of COLD SPRING GRANITE Company, that he/she signed the foregoing document as officer of the corporation, and the facts therein contained are true.

My Commission Expires JAN 31, 2000

PAMELA QUERLAND
NOTARY PUBLIC - MINNESOTA
My Comm. Exp. Jan. 31, 2000

Notary Public

(Notarial Seal)

SOS CRP 410 6/97

9912200.1356

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

9912200.1356
12/23/99

ANNUAL REPORT

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FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 10-22-99
RECEIPT NO. 836814

RECEIVED
OCT 22 1999

1 Corporate Name and Mailing Address, including Zip + 4

FB-D00226 OCT/98
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRINGS MN 56320-2508

Telephone # 320-685-4187
FAX # 320-685-8490
Federal Taxpayer ID

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. ANY CHANGE requires full completion of the form.

☑ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* *

2 It is incorporated under the laws of _____ and the address of its principal office or registered office in the state of incorporation is _____ Zip + 4 _____

3 The address of its registered office in South Dakota is _____ Zip + 4 _____

and the name of its registered agent at such address is _____

4 The character of the business in which it is actually engaged in South Dakota _____

5 The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	Director	_____			
_____	Director	_____			
_____	President	_____			
_____	Vice President	_____			
_____	Secretary	_____			
_____	Treasurer	_____			

6 The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

7 NUMBER OF SHARES ISSUED	CLASS	SERIES

8. The amount of its stated capital is $ _____

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 10-12 1999

By Tom Lehman
(Signature)

Its ASSISTANT TREASURER
(Title)

STATE OF Minnesota
COUNTY OF Stearns ss

I, Pamela Overland, a notary public, do hereby certify that on this 12 day of October 1999, personally appeared before me Tom Lehman who, being by me first duly sworn, declared that he/she is the Asst Treasurer of Cold Spring Granite Company, that he/she signed the foregoing document and that the statements therein contained are true.

PAMELA OVERLAND
Notary Public
Minnesota
My Commission Expires Jan 31 2005

My Commission Expires Jan 31, 2005

(Notarial Seal)

Notary Public

SOS CHP 410 S. 97

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

0101206 2664

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 10-30-00
RECEIPT NO. 0101205.4802 5708

RECEIVED
OCT 30 2000
S.D. SEC. OF STATE

1. Corporate Name and Mailing Address

FB-000226 OCT/1999
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRINGS MN 56320-2506

Telephone # 320-685-4887
FAX # 320-685-[illegible]
Federal Taxpayer ID
FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. ANY CHANGE requires full completion of the form.

☑ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. It is incorporated under the laws of __________ and the address of its principal office or registered office in the state of incorporation is __________ Zip + 4 __________

3. The address of its registered office in South Dakota is __________ Zip + 4 __________ and the name of its registered agent at such address is __________

4. The character of the business in which it is actually engaged in South Dakota __________

5. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	Director				
	Director				
	President				
	Vice President				
	Secretary				
	Treasurer				

6. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

7. NUMBER OF SHARES ISSUED CLASS SERIES

8. The amount of its stated capital is $ __________.

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 10-25-00

By Tom Lehman
(Signature)

Its Assistant Treasurer
(Title)

STATE OF Minnesota
COUNTY OF Stearns ss

On this the 25 day of October, 2000, before me, ~~Tom Lehman~~ Pam Overland personally appeared Tom Lehman, known to me, or proved to me, to be the Assistant Treasurer of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 1-31-05

(Notarial Seal) PAMELA OVERLAND Notary Public Minnesota My Commission Expires Jan 31 2005

Notary Public

SOS CRP 03/00

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

0201211.4770
1/4/02

FILE DATE 10-29-01
RECEIPT NO. 10305989

RECEIVED RECEIVED
OCT 29 '01 OCT 15 '01
S.D. SEC. OF STATE S.D. SEC. OF STATE

ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

1. Corporate Name and Mailing Address:

FB-000226 OCT/2000
COLD SPRING GRANITE COMPANY

202 SOUTH 3RD AVE.

COLD SPRINGS MN 56320-2508

Telephone # 320-685-4887
FAX # 320-[illegible]
Federal Taxpayer ID
FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. **ANY CHANGE** requires full completion of the form.

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. It is incorporated under the laws of Minnesota and the address of its principal office or registered office in the state of incorporation is 202 South Third Ave, Cold Spring MN Zip + 4 56320-2508

3. The address of its registered office in South Dakota is CT Corp. 319 South Coteau Street Pierre SD Zip + 4 57501
and the name of its registered agent at such address is

4. The character of the business in which it is actually engaged in South Dakota Granite Quarrying

5. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Patrick Alexander	Director	202 South Third Ave	Cold Spring	MN	56320
Steve Duncan	Director				
Pat Mitchell	President				
George Schnepf	Vice President				
Gregory Flint	Asst. Secretary				
Gregory Flint	Treasurer				

6. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
400,000	Common		1.00
300,000	Preferred		.01

7. NUMBER OF SHARES ISSUED 231,042 CLASS Unknown SERIES

8. The amount of its stated capital is $ 685,000

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 10-9-01

By [signature]
(Signature)

Its Assistant Treasurer
(Title)

STATE OF Minnesota
COUNTY OF Stearns ss

MELISSA M. LUDWIG
Notary Public
Minnesota
My Commission Expires Jan. 31, 2005

On this the 9 day of Oct, 2001, before me, Melissa M. Ludwig personally appeared Pam Overland, known to me, or proved to me, to be the Assistant Treasurer of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 1-31-05

[signature]
Notary Public

(Notarial Seal)

SOS CRP 03/00

2112181063

2002 ANNUAL REPORT

0211218 1063
11:25:02

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILE DATE 10/28/02
RECEIPT NO. 114445

RECEIVED
OCT 28 02
S.D. SEC. OF STATE

FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

1. Corporate Name and Mailing Address:

~FB-000226~
FB-000226 OCT/2001
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRINGS MN 56320-2508

Telephone #
FAX #
Federal Taxpayer ID
FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. **ANY CHANGE** requires full completion of the form.

☑ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. It is incorporated under the laws of _____ and the address of its principal office or registered office in the state of incorporation is _____ Zip + 4 _____
3. The address of its registered office in South Dakota is _____ Zip + 4 _____
and the name of its registered agent at such address is _____
4. The character of the business in which it is actually engaged in South Dakota _____
5. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	Director				
_____	Director				
_____	President				
_____	Vice President				
_____	Secretary				
_____	Treasurer				

6. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	*CLASS*	*SERIES*	*PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE*

7. *NUMBER OF SHARES ISSUED* | *CLASS* | *SERIES*

8. *The amount of its stated capital is* $ _____

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public

Dated 10-22-02

By _____ (Signature)

Its Corporate Controller (Title)

STATE OF Minnesota
COUNTY OF Stearns ss

On this the 22 day of October, 20 02, before me, ~~Pam Overland~~ Melissa Ludwig personally appeared Pam Overland to be the Corporate Controller of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 1-31-05

(Notarial Seal) MELISSA M. LUDWIG Notary Public Minnesota My Commission Expires Jan. 31, 2005

Notary Public _____

RETURN TO: SECRETARY OF STATE, CAPITOL BUILDING, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550
www.state.sd.us/sos/sos.htm

SOS CRP 03/00

224 1562 11/21/2003

2003 ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILE DATE 10-27-03
RECEIPT NO. 126604
RECEIVED
OCT 27 '03
S.D. SEC. OF STATE

FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

1. Corporate Name and Mailing Address:

FB-000226
FB-000226 OCT/2002
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRINGS MN 56320-2508

Telephone # 320-685-5074
FAX # 320-685-4877
Federal Taxpa

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information is identical as set forth in the prior report, you may **check** the **box** below and sign the report in the presence of a notary public. **ANY CHANGE** requires full completion of the form.

☑ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. It is incorporated under the laws of MINNESOTA and the address of its principal office or registered office in the state of incorporation is 202 SOUTH THIRD AVE COLD SPRING, MN Zip + 4 56320-2508
3. The address of its registered office in South Dakota is CT CORP 319 SOUTH COTEAU ST PIERE, SD Zip + 4 57501
and the name of its registered agent at such address is
4. The character of the business in which it is actually engaged in South Dakota GRANITE QUARRYING
5. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
PATRICK ALEXANDER	Director	202 SOUTH THIRD AVE	COLD SPRING	MN	56320
Michael SNOW	Director				
PAT Mitchell	President				
George Schnepf	Vice President				
GREGORY FLINT	ASST Secretary				
GREGORY FLINT	Treasurer				

6. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

	NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
7. NUMBER OF SHARES ISSUED	400,000	Common		1.00
	300,000	CLASS PREF	SERIES	.01
	228,660—UNKOWN			

8. The amount of its stated capital is $

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 10/23/03

By (Signature)

Its ASSISTANT TREASURER (Title)

STATE OF Minnesota
COUNTY OF Stearns ss

On this the 23 day of October, 2003, before me, Kelly Hohmann
personally appeared Pam Overland, known to me, or proved to me, to be the Corporate Controller of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 1/31/08

Notary Public

(Notarial Seal) KELLY JEAN HOHMANN Notary Public Minnesota My Commission Expires January 31, 2008

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.state.sd.us/sos

SOS CRP 07/03

231 3119 11/04/2004

2004 ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILE DATE 11/03/04
RECEIPT NO. 137351
RECEIVED
NOV 03 '04
S.D. SEC. of STATE

FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

1. Corporate Name and Mailing Address:

FB0000226

FB000226 OCT/2003
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRINGS MN 56320-2508

Telephone # _____
FAX # _____
Federal Taxpa
FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information is identical as set forth in the prior report, you may **check** the **box** below and sign the report. **ANY CHANGE requires full completion of the form.**

☑ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. It is incorporated under the laws of Minnesota and the address of its principal office or registered office in the state of incorporation is 202 South Third Ave ColdSpring MN Zip + 4 56320-2508
3. The address of its registered office in South Dakota is CT Corp 319 South Coteau St Pierre, SD Zip + 4 57401
and the name of its registered agent at such address is _____
4. The character of the business in which it is actually engaged in South Dakota Granite Quarrying
5. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Patrick Alexander	Director	202 South Third Ave	ColdSpring	MN	56320
Michael Snow	Director				
John Mathis	President				
George Schneff	Vice President				
Greg Flint	Asst-Secretary				
Greg Flint	Treasurer				

6. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
400,000	Common		1.00
300,000	Preferred		.01

7. NUMBER OF SHARES ISSUED 228660 CLASS Unknown SERIES

8. The amount of its stated capital is $ 228660.

The report must be signed by the chairman of the board of directors, its president, or any other officer.

Dated 10-29-04

(Signature)

Corporate Controller
(Title)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

SOS CRP 07/04

244 0880 01/04/2006

2005 ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILE DATE 12/19/05
RECEIPT NO. 150698
RECEIVED
DEC 19 '05
S.D. SEC. OF STATE

FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

1. Corporate Name and Mailing Address:

FB000226
FB000226 OCT/2004
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRINGS MN 56320-2508

Telephone #_____
FAX #_____

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information is identical as set forth in the prior report, you may **check** the **box** below and sign the report. **ANY CHANGE requires full completion of the form.**

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. It is incorporated under the laws of Minnesota and the address of its principal office in the state of incorporation is 202 South Third Ave Cold Spring MN Zip + 4 56320-2508
3. The address of its registered office in South Dakota is CT Corp 319 South Coteau St Pierre SD Zip + 4 57401 and the name of its registered agent at that address is _____
4. Provide a brief description of the nature of the business granite quarrying
5. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Patrick Alexander	Director	202 South Third Ave	Cold Spring	MN	56320
Patrick Mitchell	Director				
John Mattke	President				
Jeff Rathgen	Vice President				
George Schwepf Asst.	Secretary				
Pam Overland Asst.	Treasurer				

6. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
400,070	A+B Common	
300,000	Preferred	

7. NUMBER OF ISSUED AND OUTSTANDING SHARES

	CLASS	SERIES
Common	76,960	
Preferred	151,961	

The statement may be signed by any authorized officer of the Corporation.

Dated 12-15-05

Signature

Pam Overland
Printed Name

Assistant Treasurer
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

SOS CRP 07/05

254 2216 10/25/2006

2006 ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILE DATE 10/13/06
RECEIPT NO. 105753
RECEIVED
OCT 13 '06
S.D. SEC. of STATE

FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

1. Corporate Name and Mailing Address:

FB000226 OCT/2005
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRINGS MN 56320-2508

Telephone # _____
FAX # _____

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information is identical as set forth in the prior report, you may **check** the **box** below and sign the report. **ANY CHANGE requires full completion of the form.**

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. It is incorporated under the laws of Minnesota and the address of its principal office in the state of incorporation is 202 South Third Ave Cold Spring, MN Zip + 4 56320-2508
3. The address of its registered office in South Dakota is CT Corp 319 South Coteau St. Pierre SD Zip + 4 57401
   and the name of its registered agent at that address is _____
4. Provide a brief description of the nature of the business granite quarrying

5. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Patrick Alexander	Director	202 South Third Ave	Cold Spring	MN	56320-2508
Patricia Mitchell	Director				
John Mattke	President				
Dan Rea	Vice President				
George Schnepf ~~Asst.~~	Secretary				
Pam Overland ~~Asst.~~	Treasurer				

6. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
400,000	A+B	Common
300,000	Preferred	

7. NUMBER OF ISSUED SHARES

	CLASS	SERIES
Common 71,392.65		
Preferred 151,896.00		

The statement may be signed by any authorized officer of the Corporation.

Dated 10-9-06

Signature

Pam Overland
Printed Name

Assistant Treasurer
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

SOS CRP 07/05

268 2517 10/31/2007

2007 ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILE DATE 10/22/07
RECEIPT NO. 1727030

RECEIVED
OCT 22 2007
S.D. SEC. OF STATE

FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

1. Corporate Name and Mailing Address:

FB000226
FB000226 OCT/2006
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRINGS MN 56320-2508

Telephone # _____
FAX # _____

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information is identical as set forth in the prior report, you may **check** the **box** below and sign the report. **ANY CHANGE requires full completion of the form.**

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. It is incorporated under the laws of Minnesota and the address of its principal office in the state of incorporation is 202 South Third Ave Cold Spring MN Zip + 4 56320-2508
3. The address of its registered office in South Dakota is CT Corp 319 South Coteau St. Pierre, SD Zip + 4 57401
and the name of its registered agent at that address is _____
4. Provide a brief description of the nature of the business granite quarrying
5. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Patrick Alexander	Director	202 South Third Ave	Cold Spring	MN	56320-2505
Patricia Mitchell	Director				
John Mattle	President				
Greg Flint	Vice President				
George Schnepf	~~Asst.~~ Secretary				
Pam Overlad	~~Asst.~~ Treasurer				

6. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
300,000	Preferred	
120	Common	

7. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
151,396	Preferred	
80	Common	

The statement may be signed by any authorized officer of the Corporation.

Dated 10-12-07

Signature

Pam Overlad
Printed Name

Assistant Treasurer
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

SOS CRP 07/05

361 3058 09/16/2008

File Number FB000226

FB000226

CRA REGISTRATION NOTICE

COMMERCIAL REGISTERED AGENT REGISTRATION NOTICE

For

COLD SPRING GRANITE COMPANY

Filed at the request of:

C T CORPORATION SYSTEM
319 S. COTEAU STREET
PIERRE, SD 57501-3108

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Tuesday, July 8, 2008**

Chris Nelson

Secretary of State

282 3715 11/25/2008

2008 ANNUAL REPORT

Foreign

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: $30 Make check payable to SECRETARY OF STATE

FILE DATE 11-3-08
RECEIPT NO 65541
RECEIVED
NOV 0 3 2008
S.D. SEC. OF STATE

1. Corporate Name and Mailing Address:

FB000226
FB000226 OCT/2007
COLD SPRING GRANITE COMPANY
202 SOUTH 3RD AVE.
COLD SPRINGS MN 56320-2508

Telephone # _____
FAX # _____
FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

2. The jurisdiction under whose law it is formed State of Minnesota

3. The address of the principal executive office in or out of the State of South Dakota.

17482 Granite West RD | Cold Spring | MN | 56320
Street Address | City | State | ZIP+4

(same)
Mailing Address (Optional) | City | State | ZIP+4

4. The name of the South Dakota Registered Agent CT Corp System

319 South Coteau St. | Pierre | SD | 57401
Street Address (Required to be a South Dakota Address) | City | State | ZIP+4

(same)
Mailing Address (Optional – Required to be a South Dakota Address) | City | State | ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

☐ John Mattke	President	17482 Granite West RD	Cold Spring	MN	56320
☐ Greg Flint	Vice President				
☐ George Schnepf	ASST. Secretary				
☐ Pam Overland	ASST. Treasurer				
☒ Patrick Alexander	Director				
☒ Patricia Mitchell	Director				

Dated 10-29-2008

(Signature of an authorized officer)

Pam Overland
(Printed Name)

Asst. Treasurer
(Title)

annualreportforeign July 2008

297 2570 11/05/2009

2009

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
Foreign

Please Type or Print Clearly in Ink

FILING FEE: $50 Make check payable to SECRETARY OF STATE

FILE DATE 11/02/09
RECEIPT NO 196400/

RECEIVED
NOV 02 2009
S.D. SEC. OF STATE

Telephone # ____
FAX # ____

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

1. Corporate Name and Mailing Address:

FB0002226
FB000226 OCT/2008
COLD SPRING GRANITE COMPANY
17482 GRANITE WEST RD
COLD SPRING MN 56320-4578

2. The jurisdiction under whose law it is formed State of Minnesota

3. The address of the principal executive office in or out of the State of South Dakota.

17482 Granite West Rd | Cold Spring | MN | 56320
Street Address | City | State | ZIP+4

Same
Mailing Address (Optional) | City | State | ZIP+4

4. The name of the South Dakota Registered Agent CT Corp

319 South Coteau St. | Pierre | SD | 57401
Street Address (Required to be a South Dakota Address) | City | State | ZIP+4

Same
Mailing Address (Optional – Required to be a South Dakota Address) | City | State | ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

☐ John Mattke	17482 Granite West Rd	Cold Spring	MN	56320
President	Street Address	City	State	ZIP+4
☐ Greg Flint				
Vice President	Street Address	City	State	ZIP+4
☐ George Schnepf				
ASST Secretary	Street Address	City	State	ZIP+4
☐ Pam Overlund				
ASST. Treasurer	Street Address	City	State	ZIP+4
☒ Patrick Alexander				
Director	Street Address	City	State	ZIP+4
☒ Patrick Mitchell				
Director	Street Address	City	State	ZIP+4

Dated 10-28-2009

(Signature of an authorized officer)

PAM OVERLUND
(Printed Name)

ASSISTANT TREASURER
(Title)

2010

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
Foreign

Please Type or Print Clearly in Ink

FILING FEE: $50 Make check payable to SECRETARY OF STATE

FILE DATE 10/25/10
RECEIPT NO 2079377

RECEIVED
OCT 25 2010
S.D. SEC. OF STATE

312 0403 [redacted]

1. Corporate Name and Mailing Address:

FB000226
FB000226 OCT/2009
COLD SPRING GRANITE COMPANY
17482 GRANITE WEST RD
COLD SPRING MN 56320-4578

Telephone # _____
FAX # _____

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

2. The jurisdiction under whose law it is formed State of Minnesota

3. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
17482 Granite West RD	Cold Spring	MN	56320
Same			
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent CT Corp

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
319 South Coteau St.	Pierre	SD	57401
Same			
Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

		Street Address	City	State	ZIP+4
☐	John Mattice	17482 Granite West Rd	Cold Spring	MN	56320
	President				
☐	Greg Flint				
	Vice President				
☐	George Schnepf				
	ASST. Secretary				
☐	Pam Overland				
	ASST. Treasurer				
☒	Patrick Alexander				
	Director				
☒	Patrick Mitchell				
	Director				

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 10/18/10

(Signature of an Authorized Person)

Pam Overland
(Printed Name)

annualreportforeign July 2010

2011 Enter Filing Year

ANNUAL REPORT

FILE DATE 10/11/2011

RECEIPT NO 4121

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

FOREIGN

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

1. Corporate Name and Address:
FB000226
COLD SPRING GRANITE COMPANY
17482 GRANITE WEST RD
COLD SPRING, MN56320-4578

2. The jurisdiction under whose law it is formed MINNESOTA

3. The address of the principal executive office (business address).

17482 GRANITE WEST RD	COLD SPRING	MN	56320-4578
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: C T CORPORATION SYSTEM

319 S. COTEAU STREET	PIERRE	SD	57501-3108
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
			-
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

☐	JOHN MATTKE	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	President	Street Address	City	State	ZIP+4
☐	GREG FLINT	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Vice President	Street Address	City	State	ZIP+4
☐	GEORGE SCHNEPF	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Secretary	Street Address	City	State	ZIP+4
☐	PAM OVERLAND	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Treasurer	Street Address	City	State	ZIP+4
X	PATRICK ALEXANDER	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Director	Street Address	City	State	ZIP+4
X	PATRICK MITCHELL	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 10/11/2011

Signature Accepted Electronically
(Signature of an Authorized Person)

PAM OVERLAND
(Printed Name)

10/11/2011 8:30:27AM

2012 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

FOREIGN

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE 10/12/2012

RECEIPT NO 69048

1. Corporate Name and Address:
FB000226
COLD SPRING GRANITE COMPANY
17482 GRANITE WEST RD
COLD SPRING, MN 56320-4578

2. The jurisdiction under whose law it is formed MINNESOTA

3. The address of the principal executive office (business address).

17482 GRANITE WEST RD	COLD SPRING	MN	56320-4578
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: C T CORPORATION SYSTEM

319 S. COTEAU STREET	PIERRE	SD	57501-3108
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

☐	JOHN MATTKE	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	President	Street Address	City	State	ZIP+4
☐	GREG FLINT	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Vice President	Street Address	City	State	ZIP+4
☐	GEORGE SCHNEPF	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Secretary	Street Address	City	State	ZIP+4
☐	PAM OVERLAND	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Treasurer	Street Address	City	State	ZIP+4
☒	PATRICK ALEXANDER	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Director	Street Address	City	State	ZIP+4
☒	PATRICK MITCHELL	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 10/12/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

PAM OVERLAND

(Printed Name)

10/12/2012 11:02:09 AM

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Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

FOREIGN

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE 10/23/2013
RECEIPT NO 148136

1. Corporate Name and Address:
FB000226
COLD SPRING GRANITE COMPANY
17482 GRANITE WEST RD
COLD SPRING, MN 56320-4578

2. The jurisdiction under whose law it is formed MINNESOTA

3. The address of the principal executive office (business address).

17482 GRANITE WEST RD	COLD SPRING	MN	56320-4578
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: C T CORPORATION SYSTEM

319 S. COTEAU STREET	PIERRE	SD	57501-3108
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

☐	JOHN MATTKE	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	President	Street Address	City	State	ZIP+4
☐	GREG FLINT	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Vice President	Street Address	City	State	ZIP+4
☐	GEORGE SCHNEPF	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Secretary	Street Address	City	State	ZIP+4
☐	PAM OVERLAND	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Treasurer	Street Address	City	State	ZIP+4
X	PATRICK ALEXANDER	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Director	Street Address	City	State	ZIP+4
X	PATRICK MITCHELL	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Director	Street Address	City	State	ZIP+4

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Date 10/23/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

PAM OVERLAND
(Printed Name)

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Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

FOREIGN

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FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 10/21/2014
RECEIPT NO 240475

1. Corporate Name and Address:
FB000226
COLD SPRING GRANITE COMPANY
17482 GRANITE WEST RD
COLD SPRING, MN 56320-4578

2. The jurisdiction under whose law it is formed MINNESOTA

3. The address of the principal executive office (business address).

17482 GRANITE WEST RD	COLD SPRING	MN	56320-4578
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: C T CORPORATION SYSTEM

319 S. COTEAU STREET	PIERRE	SD	57501-3108
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

☐	JOHN MATTKE	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	President	Street Address	City	State	ZIP+4
☐	GREG FLINT	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Vice President	Street Address	City	State	ZIP+4
☐	GEORGE SCHNEPF	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Secretary	Street Address	City	State	ZIP+4
☐	PAM OVERLAND	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Treasurer	Street Address	City	State	ZIP+4
X	PATRICK ALEXANDER	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Director	Street Address	City	State	ZIP+4
X	PATRICK MITCHELL	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Director	Street Address	City	State	ZIP+4

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Dated 10/21/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
PAM OVERLAND
(Printed Name)

10/21/2014 8:15:04 AM

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(605)773-4845

ANNUAL REPORT

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SDCL 47-27-18, 59-11-24

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FILE DATE 10/22/2015

RECEIPT NO 345511

Telephone # _____

1. Corporate Name and Address:

FB000226

COLD SPRING GRANITE COMPANY

2. The jurisdiction under whose law it is formed MINNESOTA

3. The address of the principal executive office (business address).

17482 GRANITE WEST RD	COLD SPRING	MN	56320-4578
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4
Email Address (Optional)			

4. The name of the South Dakota Registered Agent

Agent Name: C T CORPORATION SYSTEM

319 S. COTEAU STREET	PIERRE	SD	57501-3108
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
Email Address (Optional)			

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

☐	JOHN MATTKE	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	President	Actual Street Address	City	State	ZIP+4
☐	GREG FLINT	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Vice President	Actual Street Address	City	State	ZIP+4
☐	GEORGE SCHNEPF	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Secretary	Actual Street Address	City	State	ZIP+4
☐	PAM OVERLAND	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Treasurer	Actual Street Address	City	State	ZIP+4

[X]	PATRICK ALEXANDER	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Director	Actual Street Address	City	State	ZIP+4
[X]	PATRICK MITCHELL	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Director	Actual Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.

Dated 10/22/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email

(Optional)

PAM OVERLAND

(Printed Name)

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Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
FOREIGN CORPORATION
SDCL 59-11-24, 24.1

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FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 10/19/2016
RECEIPT NO 465870

1. Corporate ID and Name:

FB000226
Enter Corporate ID

COLD SPRING GRANITE COMPANY
Enter Corporate Name

2. The jurisdiction under whose law it is formed MINNESOTA

3. The address of the principal executive office (business address).

17482 GRANITE WEST RD	COLD SPRING	MN	56320-4578
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: C T CORPORATION SYSTEM

319 S. COTEAU STREET	PIERRE	SD	57501
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

☐	JOHN MATTKE	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	President	Actual Street Address	City	State	ZIP+4
☐	GREG FLINT	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Vice President	Actual Street Address	City	State	ZIP+4
☐	GEORGE SCHNEPF	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Secretary	Actual Street Address	City	State	ZIP+4
☐	CHAD EPSEN	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Treasurer	Actual Street Address	City	State	ZIP+4
☒	PATRICK ALEXANDER	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Director	Actual Street Address	City	State	ZIP+4

X	PATRICK MITCHELL	17482 GRANITE WEST RD	COLD SPRING	MN	56320
	Director	Actual Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated 10/19/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

CHAD J EPSEN

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. A fee of up to $40 will be assessed for returned payments.

10/19/2016 3:37:34 PM