

1.) CORPORATION NAME:

Tennant Sales and Service Company

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1457417**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 701 N LILAC DR

CITY/ST/ZIP: MINNEAPOLIS, MN 55422

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ANDREW ECKERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	701 N LILAC DR		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55422		

NAME:	PATRICK J O'NEILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	701 N LILAC DRIVE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55422		

NAME:	HEIDI MARIE WILSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	701 N LILAC DR		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55422		

NAME:	MEG GRACE NEWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	701 N LILAC DR		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55422		

NAME:	KRISTIN STOKES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	701 N LILAC DR		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55422		

NAME:	H CHRIS KILLINGSTAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	701 N LILAC DR.		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55422		

NAME:	THOMAS PAULSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	701 N LILAC DR.		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55422		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ HEIDI MARIE WILSON</u>	<u>HEIDI MARIE WILSON,</u>	<u>3/6/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.