

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838999 (1)
 1. Corporation Name
JOHN G. KINNARD AND COMPANY INCORPORATED



Principal Place of Business 920 SECOND AVE S MINNEAPOLIS MN 55402 US	Mailing Address 920 SECOND AVE S MINNEAPOLIS MN 55402 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 08/23/1977	4. FEI Number 41-0853893 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SASS, DANIEL R	1.2 NAME	Farley, William F, III
STREET ADDRESS	970 ABBOTT AVE S	1.3 STREET ADDRESS	350 South Brown Road
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	Long Lake, MN 55356
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELICETTA, LEE S	2.2 NAME	Westling, Charles B
STREET ADDRESS	16570 KLAMATH TRAIL	2.3 STREET ADDRESS	14383 Starwood Circle
CITY-ST-ZIP	LAKEVILLE MN	2.4 CITY-ST-ZIP	Eden Prairie, MN 55347
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIFFORD, GERALD M	3.2 NAME	Sass, Daniel R
STREET ADDRESS	17320 138TH AVE N	3.3 STREET ADDRESS	3705 Abbott Ave. S.
CITY-ST-ZIP	DAYTON MN	3.4 CITY-ST-ZIP	Minneapolis, MN 55410
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, ARTHUR J	4.2 NAME	O'Connell, Andrew J
STREET ADDRESS	549 N CENTRAL AVE	4.3 STREET ADDRESS	2710 Ashbourne Road
CITY-ST-ZIP	WAYZATA MN	4.4 CITY-ST-ZIP	Minnetonka, MN 55391
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, THOMAS E	5.2 NAME	
STREET ADDRESS	111 W ELMWOOD PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, ANDREW J	6.2 NAME	
STREET ADDRESS	4013 ROANOKE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN VALLEY MN	6.4 CITY-ST-ZIP	

14. I 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 _____ DATE 5/1/98 6:12:37 PM 2726

CR2E034 (10/97)