

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

**FILED**  
**Feb 10, 1999 8:00am**  
**Secretary of State**

02-10-1999 90053 050 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 838999**

1. Corporation Name  
**JOHN G. KINNARD AND COMPANY INCORPORATED**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**920 SECOND AVE S  
 MINNEAPOLIS MN 55402  
 US**

Mailing Address  
**920 SECOND AVE S  
 MINNEAPOLIS MN 55402  
 US**

3. Date Incorporated or Qualified  
**08/23/1977**

4. FEI Number  
**41-0853893**

5. Certificate of Status Desired  Applied For  Not Applicable  
**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 [ ] 22 [ ] 23 [ ] 24 [ ]

2a. Mailing Address  
 26 [ ] 27 [ ] 28 [ ] 29 [ ] 30 [ ]

Suite, Apt. #, etc.  
 City & State  
 Zip Country

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  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SASS, DANIEL R	
STREET ADDRESS	3705 ABBOTT AVE. S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55410	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FARLEY, WILLIAM F. I	
STREET ADDRESS	350 SOUTH BROWN ROAD	
CITY-ST-ZIP	LONG LAKE MN 55356	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GIFFORD, GERALD M	
STREET ADDRESS	17320 138TH AVE N	
CITY-ST-ZIP	DAYTON MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEARNEY, ARTHUR J	
STREET ADDRESS	549 N CENTRAL AVE	
CITY-ST-ZIP	WAYZATA MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, THOMAS E	
STREET ADDRESS	111 W ELMWOOD PL	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	O'CONNELL, ANDREW J	
STREET ADDRESS	2710 ASHBOURNE ROAD	
CITY-ST-ZIP	MINNETONKA MN 55391	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1/19/99 DAYTIME PHONE #: 612-370-2909

CR2E034 (11/98)