

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

FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **840184** (6)

1. Corporation Name  
**NORTHROP KING CO.**

Principal Place of Business <b>7500 OLSON MEMORIAL HWY. GOLDEN VALLEY MN 55427-4800</b>	Mailing Address <b>7500 OLSON MEMORIAL HWY. GOLDEN VALLEY MN 55427-4800</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/09/1978</b>		3a. Date of Last Report <b>05/01/1996</b>	
21		26		4. FEI Number <b>41-1292617</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip		29 Zip		Country		Country	
25		30		Country		Country	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 Zip Code				FL			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>INGRAM, RANDY</del>			1.2 NAME	<b>GERALD J. HOEH</b>		
STREET ADDRESS	<b>7500 OLSON MEMORIAL HWY</b>			1.3 STREET ADDRESS			
CITY - ST - ZIP	<b>GOLDEN VALLEY MN 55427</b>			1.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>IMHOF, HEINZ P.</b>			2.2 NAME			
STREET ADDRESS	<b>608TH AVE</b>			2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>NEW YORK NY 10020</b>			2.4 CITY - ST - ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>SCHULZE, KENT</del>			3.2 NAME	<b>EDWARD T. SHONSEY</b>		
STREET ADDRESS	<b>7500 OLSON MEMORIAL HWY.</b>			3.3 STREET ADDRESS			
CITY - ST - ZIP	<b>GOLDEN VALLEY MN 55427</b>			3.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JACOBY, DONALD E</b>			4.2 NAME			
STREET ADDRESS	<b>7500 OLSON MEM. HWY.</b>			4.3 STREET ADDRESS			
CITY - ST - ZIP	<b>GOLDEN VALLEY MN 55427</b>			4.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>RESLER, EDWARD C</b>			5.2 NAME			
STREET ADDRESS	<b>7500 OLSON MEMORIAL HWY</b>			5.3 STREET ADDRESS			
CITY - ST - ZIP	<b>GOLDEN VALLEY MN 55427</b>			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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:  **GERALD J. HOEH** 3/18/97 612-593-7264  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)