

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **842928** (4)
1. Corporation Name
AMERICAN LINEN SUPPLY CO.



Principal Place of Business: **47 SOUTH 9TH STREET MINNEAPOLIS MN 55402-3101**
Mailing Address: **47 SOUTH 9TH STREET MINNEAPOLIS MN 55402-3101**

3. Date Incorporated or Qualified: **04/02/1979**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **41-0831770**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent
**C T 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
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP	1.1 TITLE
NAME	CONZEMIUS, J. G	1.2 NAME
STREET ADDRESS	4786 ST. CROIX TR. SOUTH	1.3 STREET ADDRESS
CITY-ST-ZIP	AFTON MI	1.4 CITY-ST-ZIP
TITLE	PCC	2.1 TITLE
NAME	STEINER, L G	2.2 NAME
STREET ADDRESS	133 W BIRCH LANE	2.3 STREET ADDRESS
CITY-ST-ZIP	WAYZATA MN	2.4 CITY-ST-ZIP
TITLE	S	3.1 TITLE
NAME	BERRY, B.P., JR	3.2 NAME
STREET ADDRESS	14745 EVERGREEN ST	3.3 STREET ADDRESS
CITY-ST-ZIP	ANOKA MN	3.4 CITY-ST-ZIP
TITLE	D	4.1 TITLE
NAME	TOUPITCH, A.T.	4.2 NAME
STREET ADDRESS	1235 DONLEA CRESCENT	4.3 STREET ADDRESS
CITY-ST-ZIP	OAKVILLE, ONTARIO	4.4 CITY-ST-ZIP
TITLE	D	5.1 TITLE
NAME	LUDWICK, H.T.	5.2 NAME
STREET ADDRESS	18845 12TH AVENUE NORTH	5.3 STREET ADDRESS
CITY-ST-ZIP	PLYMOUTH MN	5.4 CITY-ST-ZIP
TITLE	T	6.1 TITLE
NAME	HILLIARD, J.A., JR	6.2 NAME
STREET ADDRESS	9385 OAK AVENUE	6.3 STREET ADDRESS
CITY-ST-ZIP	WACONIA MN	6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T Hilliard, J.A., Jr. 7920 Union Avenue Mayer, MN 55360

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report, and my appointment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **B. P. Berry, Jr., Secretary April 23, 1996 (612) 371-4214**
Date: _____ Daytime Phone #: _____

CR2E094 (12/95)