

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **847741** (6)

1. Corporation Name
MILLER & SCHROEDER FINANCIAL, INC.

Principal Place of Business	Mailing Address
220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS MN 55440 US	220 SOUTH SIXTH STREET P.O. BOX 789 MINNEAPOLIS MN 55440 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/18/1980		3a. Date of Last Report 02/08/1994	
4. FEI Number 41-0901191		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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		41-0901191	
22. Subtr. Apt. #, etc.		27. Subtr. Apt. #, etc.		5. Certificate of Status Desired	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution	
24. Zip		29. Zip		30. Country	
25. Country		29. Country		30. Country	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIKNER, ROGER JAMES	1.2 NAME	
STREET ADDRESS	220 SOUTH SIXTH STREET, P.O. BOX 789	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVERSON, JAMES EDWARD	2.2 NAME	
STREET ADDRESS	505 LOMAS SANTA FE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOLANA BEACH CA	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENTGES, EDWARD JOEL	3.2 NAME	
STREET ADDRESS	220 SOUTH SIXTH ST., POB 789	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEAND, JUDITH MARIE	4.2 NAME	
STREET ADDRESS	220 SOUTH SIXTH ST., POB 789	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 or changed, or on an attachment with an address.

SIGNATURE: E.J. Hentges E.J. Hentges, Vice President 01/18/95 (612) 376-1317
Signature and typed or printed name of signing officer or director Date Printed Name