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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 847741

1. Corporation Name
MILLER & SCHROEDER FINANCIAL, INC.

Principal Place of Business
220 SOUTH SIXTH STREET
SUITE 300
MINNEAPOLIS MN 55440
US

Mailing Address
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

4. FEI Number
41-0901191
Applied For
Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 PD DELETE
NAME DLUGOSCH, JAMES F
STREET ADDRESS 220 SOUTH 6TH ST P O BOX 789
CITY-ST-ZIP MINNEAPOLIS MN 55440

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD DELETE
NAME IVERSON, JAMES EDWARD
STREET ADDRESS 505 LOMAS SANTA FE DR.
CITY-ST-ZIP SOLANA BEACH CA

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE EVP DELETE
NAME IVERSON, JAMES E
STREET ADDRESS 505 LOMAS SANTE FE DR
CITY-ST-ZIP SOLANA BCH CA

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME DAWKINS, KENNETH E
STREET ADDRESS 220 SOUTH 6TH ST P O BOX 789
CITY-ST-ZIP MINNEAPOLIS MN 55440

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SVPT DELETE
NAME NELSON, THOMAS S
STREET ADDRESS 220 SOUTH 6TH ST P O BOX 789
CITY-ST-ZIP MINNEAPOLIS MN 55440

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VP DELETE
NAME HENTGES, EDWARD JOEL
STREET ADDRESS 220 SOUTH 6TH ST P O BOX 789
CITY-ST-ZIP MINNEAPOLIS MN 55440

6.1 TITLE Change 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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99

612-376-1310

CR2E034 (11/98)