

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 # 849961 (8)
1. Corporation Name
SHAW-LUNDQUIST ASSOCIATES, INC.



Principal Place of Business: **TRIANGLE OFFICE PARK, 2805 DODD RD., ST. PAUL MN 55121**
Mailing Address: **TRIANGLE OFFICE PARK, 2805 DODD RD., ST. PAUL MN 55121**

3. Date Incorporated or Qualified: **08/06/1981**
3a. Date of Last Report: **08/15/1995**
4. FEI Number: **41-1235783**
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 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
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

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
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: _____ DATE: _____
Signature, typed or printed name of registered agent and, if applicable, the registered agent's signature, required when re-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	SHAW, FRED	1.2 NAME	
STREET ADDRESS	6632 LIMERICK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, THOMAS J.	2.2 NAME	
STREET ADDRESS	800 GOLDEN MEADOW DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAGAN MN	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERKHOVEN, WAYNE A.	3.2 NAME	
STREET ADDRESS	1759 W. 4TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE BEAR LAKE MN	3.4 CITY-ST-ZIP	
TITLE	TS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HSIAO, HOYT	4.2 NAME	Vice President (also)
STREET ADDRESS	7200 YORK AVE S. 409	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HSIAO, JENNIE H	5.2 NAME	
STREET ADDRESS	6632 LIMERICK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN	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 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Fred Shaw - President**
DATE: **4-29-96**
DAYTIME PHONE #: **612-454-0670**

CR2E034 (12/95)