

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

**APPROVED
AND
FILED**

95 MAY -1 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 852038

(9)

1. Corporation Name
JURAN & MOODY, INC.

Principal Place of Business
**400 N ROBERT-STE 800M M LIFE BLDG
ST PAUL MN 55101-9091**

Mailing Address
**400 N ROBERT-STE 800M M LIFE BLDG
ST PAUL MN 55101-9091**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/02/1982** 3a. Date of Last Report **03/22/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
41-0736368

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DANELS, THOMAS E.
TWO PRESTIGE PLACE
2650 MCCORMICK PLACE, SUITE 150
CLEARWATER FL 34619-8041**

Correction →

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2650 McCormick Drive, Suite 150**
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	RETTERRATH, WILLIAM R.
STREET ADDRESS	400 N ROBERT-STE 800
CITY - ST - ZIP	ST PAUL, MN 00000
TITLE	PD
NAME	ANDERSON, ALBERT R.
STREET ADDRESS	400 N ROBERT STE. 800
CITY - ST - ZIP	ST. PAUL MN
TITLE	V
NAME	MATTSON, STEVEN J
STREET ADDRESS	400 N ROBERT, STE 800
CITY - ST - ZIP	ST. PAUL MN
TITLE	VSD
NAME	BROWNELL, EDWARD W., III
STREET ADDRESS	400 N ROBERT STE. 800
CITY - ST - ZIP	ST. PAUL MN
TITLE	CD
NAME	WINGES, ROGER K.
STREET ADDRESS	400 N. ROBERT, STE. 800
CITY - ST - ZIP	ST PAUL MN
TITLE	VD
NAME	DANELS, THOMAS E.
STREET ADDRESS	2650 MCCORMICK PLACE
CITY - ST - ZIP	CLEARWATER FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD Ricker, Thomas U.
3.3 STREET ADDRESS	900 Second Ave S, Ste 130
3.4 CITY - ST - ZIP	Minneapolis MN 55402
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 (if changed) or on an amendment with an address.

SIGNATURE: *William R. Retterrath*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (612) 224-1500
Date (Typed Name)