

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **852038** (9)

1. Corporation Name
JURAN & MOODY, INC.



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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **03/02/1982**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **41-0736368**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 190.039, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

**DANIELS, THOMAS E.
TWO PRESTIGE PLACE
2650 MCCORMICK DRIVE, STE 150
CLEARWATER FL 34619-8041**

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1504, Florida Statutes, the officer named herein certifies the 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 Sections 607.0507 and 607.1504, Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	VT	[] DELETE	13. 1. TITLE	[] Change	[] Addition
NAME	RETTERATH, WILLIAM R.		2. NAME		
STREET ADDRESS	400 N ROBERT-STE 800		3. STREET ADDRESS		
CITY-ST-ZIP	ST PAUL, MN 00000		4. CITY-ST-ZIP		
TITLE	PD	[] DELETE	5. TITLE	[] Change	[] Addition
NAME	ANDERSON, ALBERT R.		6. NAME		
STREET ADDRESS	400 N ROBERT STE. 800		7. STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		8. CITY-ST-ZIP		
TITLE	VD	[] DELETE	9. TITLE	[] Change	[] Addition
NAME	RICKER, THOMAS U		10. NAME		
STREET ADDRESS	900 SECOND AVE S., STE 130		11. STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		12. CITY-ST-ZIP		
TITLE	VSD	[] DELETE	13. TITLE	[] Change	[] Addition
NAME	BROWNELL, EDWARD W., III		14. NAME		
STREET ADDRESS	400 N ROBERT STE. 800		15. STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN		16. CITY-ST-ZIP		
TITLE	CD	[] DELETE	17. TITLE	[] Change	[] Addition
NAME	WINGES, ROGER K.		18. NAME		
STREET ADDRESS	400 N. ROBERT, STE. 800		19. STREET ADDRESS		
CITY-ST-ZIP	ST PAUL MN		20. CITY-ST-ZIP		
TITLE	VD	[] DELETE	21. TITLE	[] Change	[] Addition
NAME	DANIELS, THOMAS E.		22. NAME		
STREET ADDRESS	2650 MCCORMICK PLACE		23. STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		24. 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 states in Section 119.04(3)(c), Florida Statutes. I further certify that the information included 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, that I am authorized to sign this report and to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Section 607, Florida Statutes, and that my name

SIGNATURE: *William R. Retterath* **William R. Retterath** 4/24/96 (612) 224-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)