

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 857944 (3)  
1. Corporation Name  
APERTUS TECHNOLOGIES INCORPORATED



Principal Place of Business  
7275 FLYING CLOUD DRIVE  
EDEN PRAIRIE MN 55344

Mailing Address  
7275 FLYING CLOUD DRIVE  
EDEN PRAIRIE MN 55344

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/30/1983		01/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		41-1349953		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24		29		7. Yes		No	
Country		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

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	V	1.1 TITLE	D
NAME	HAHN, MARTIN G	1.2 NAME	Robert W. Fischer
STREET ADDRESS	7275 FLYING CLOUD DRIVE	1.3 STREET ADDRESS	4900 IDS Tower
CITY-ST-ZIP	EDEN PRAIRIE MN	1.4 CITY-ST-ZIP	Minneapolis, MN 55402
TITLE	CPM	2.1 TITLE	D
NAME	GORDON, ROBERT D.	2.2 NAME	George Hubman
STREET ADDRESS	7275 FLYING CLOUD DRIVE	2.3 STREET ADDRESS	1420 Fifth Ave., Suite 2200
CITY-ST-ZIP	EDEN PRAIRIE MN	2.4 CITY-ST-ZIP	Seattle, WA 98101
TITLE	CFOV	3.1 TITLE	D
NAME	HOGUE, SUE A	3.2 NAME	Arch J. McGill
STREET ADDRESS	7275 FLYING CLOUD DRIVE	3.3 STREET ADDRESS	1425 Buffer Creek Road
CITY-ST-ZIP	EDEN PRAIRIE MN	3.4 CITY-ST-ZIP	Vail, CO 81657
TITLE	S	4.1 TITLE	D
NAME	BRADY-CUMMINS, JULIE	4.2 NAME	Clarence W. Spangle
STREET ADDRESS	7275 FLYING CLOUD DRIVE	4.3 STREET ADDRESS	88-A Corono Road
CITY-ST-ZIP	EDEN PRAIRIE MN	4.4 CITY-ST-ZIP	Carmel, CA 93923
TITLE	D	5.1 TITLE	
NAME	COVATTA, NICHOLAS J., JR	5.2 NAME	
STREET ADDRESS	RT. 809, BOX 89	5.3 STREET ADDRESS	
CITY-ST-ZIP	KELLER VA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE: Sue Hogue - VP & CFO

7/18/97

(612)828-0300

CR2E034 (4/97)