

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 PM 12:48

DOCUMENT # F93000001066 (0)

1. Corporation Name

MINNESOTA INTERACTIVE TECHNOLOGIES, INC.

Principal Place of Business

2266 NORTH SECOND STREET
N ST. PAUL MN 55109
US

Mailing Address

2266 NORTH SECOND STREET
N ST. PAUL MN 55109
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/25/1993

3a. Date of Last Report

03/18/1994

4. FEI Number

41-1387419

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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
NAME	AUTH, THOMAS L
STREET ADDRESS	8 EVERGREEN ROAD
CITY-ST-ZIP	NORTH OAKS MN 55127
TITLE	V
NAME	BRISKEY, CHARLES E
STREET ADDRESS	1201 LECUYER CIRCLE
CITY-ST-ZIP	STILLWATER MN 55082
TITLE	V
NAME	BRUNIUS, ROBERT E
STREET ADDRESS	999 ARCWOOD ROAD
CITY-ST-ZIP	MAHTOMEDI MN 55115
TITLE	V
NAME	BRAYTON, THOMAS R
STREET ADDRESS	4 RACCOON ROAD
CITY-ST-ZIP	NORTH OAKS MN 55127
TITLE	V
NAME	WANAK, STEPHEN J
STREET ADDRESS	15800 HIGHLAND HEIGHTS DRIVE
CITY-ST-ZIP	MINNETONKA MN 55345
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2266 N. Second St.
14 CITY-ST-ZIP	North St. Paul, MN 55109
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	2266 N. Second St.
24 CITY-ST-ZIP	North St. Paul, MN 55109
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	2266 N. Second St.
34 CITY-ST-ZIP	North St. Paul, MN 55109
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	2266 N. Second St.
44 CITY-ST-ZIP	North St. Paul, MN 55109
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	2266 N. Second St.
54 CITY-ST-ZIP	North St. Paul, MN 55109
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	S
63 STREET ADDRESS	JACK A. REICHERT
64 CITY-ST-ZIP	2266 N. Second St. North St. Paul, MN 55109

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 190.07(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 changed, or on an attachment with an address.

SIGNATURE:

Jack A. Reichert

JACK A. REICHERT

3/6/95

612-777-2690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONTROLLED BY SECRETARY

Title

Telephone #