

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001840 (7)**

1. Corporation Name

WINTHROP RESOURCES CORPORATION



Principal Place of Business: **1015 OPUS CENTER, 9900 BREN ROAD EAST, MINNETONKA MN 55343**
Mailing Address: **1015 OPUS CENTER, 9900 BREN ROAD EAST, MINNETONKA MN 55343**

3. Date incorporated or Qualified: **04/11/1994**
3a. Date of Last Report: **05/01/1995**
4. FET Number: **41-1415459**
Applied For: 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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: Zip, Country
24: Zip, Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH 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 607.0602 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	DIRECTOR/SECRETARY
NAME	MORGAN, JOHN L	1.2 NAME	MARK L WILSON
STREET ADDRESS	4706 WHITE OAKS RD	1.3 STREET ADDRESS	320 SOUTH MISSISSIPPI RIVER BLVD
CITY - ST - ZIP	EDINA MN 55424	1.4 CITY - ST - ZIP	ST. PAUL, MN 55105
TITLE	DVT	2.1 TITLE	DIRECTOR
NAME	MACKENZIE, KIRK A	2.2 NAME	PAUL C REVELTS
STREET ADDRESS	10420 BLUFF CIRCLE	2.3 STREET ADDRESS	1819 JAMES AVENUE SOUTH
CITY - ST - ZIP	CHASKA MN 55318	2.4 CITY - ST - ZIP	MINNEAPOLIS, MN 55403
TITLE	DV	3.1 TITLE	VICE PRESIDENT/CONTROLLER
NAME	NORQUAL, JACK A	3.2 NAME	GARY W ANDERSON
STREET ADDRESS	9493 OLYMPIA DR.	3.3 STREET ADDRESS	5182 - 146 th CIRCLE NW
CITY - ST - ZIP	EDEN PRAIRIE MN 55347	3.4 CITY - ST - ZIP	RAMSEY, MN 55303
TITLE	DS	4.1 TITLE	
NAME	ARCHERD, WILLIAM F	4.2 NAME	
STREET ADDRESS	433 HOLLY AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PAUL MN 55102	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	SIMONSON, GERALD W	5.2 NAME	
STREET ADDRESS	5813 JEFF PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	EDINA MN 55802	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 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]* DATE: **5-1-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **W. R. K.../K...** DATE: **612-936-0226**

CR2E034 (12/95)