

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 05 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 # F94000001840 (7)**

1. Corporation Name  
**WINTHROP RESOURCES CORPORATION**



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

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/11/1994**      **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		<b>41-1415459</b>	Not Applicable
22. Suite, Apt #, etc		27. Suite, Apt #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, JOHN L</b>	1.2 NAME	
STREET ADDRESS	<b>4706 WHITE OAKS RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDINA MN 55424</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACKENZIE, KIRK A</b>	2.2 NAME	
STREET ADDRESS	<b>10420 BLUFF CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHASKA MN 55318</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORQUAL, JACK A</b>	3.2 NAME	
STREET ADDRESS	<b>9493 OLYMPIA DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDEN PRAIRIE MN 55347</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, MARK L</b>	4.2 NAME	
STREET ADDRESS	<b>320 SOUTH MISSISSIPPI RIVER BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PAUL MN</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMONSON, GERALD W</b>	5.2 NAME	
STREET ADDRESS	<b>5813 JEFF PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDINA MN 55802</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REYELTS, PAUL C</b>	6.2 NAME	
STREET ADDRESS	<b>1819 JAMES AVENUE SOUTH</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	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: *Sandra B. Mortham*      1/29/97      (612) 986-0226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)