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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K58198**

1. Corporation Name
DRISCOLL PROPERTIES, INC.



Principal Place of Business Mailing Address
~~2100 FIRST NATIONAL BANK BLDG~~ ~~ST PAUL MN 55101~~
~~2100 FIRST NATIONAL BANK BLDG~~ ~~ST PAUL MN 55101~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 332 Minnesota Street 26 332 Minnesota Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Suite 2100 27 Suite 2100
 City & State City & State
 23 St. Paul, MN 28 St. Paul, MN
 Zip Country Zip Country
 24 55101 25 US 29 55101 30 US

3. Date Incorporated or Qualified
01/13/1989
 4. FEI Number Applied For
41-1630464 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing \$5.00 May Be Added to Fees
 7. Trust Fund Contribution
 8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MARDER, MICHAEL E.
~~6700 N. ANDREWS AVE.~~
~~SUITE 400~~
~~FT. LAUDERDALE FL 33007~~

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
South Trust Bank Building, Suite 1100
 83 135 West Central Boulevard
 84 City **Orlando** 85 **FL** Zip Code **32801**

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 **4/19/99**
Signature, typed or printed name of registered agent and title, if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRISCOLL, W JOHN	1.2 NAME	
STREET ADDRESS	2100 FIRST NATL BK BLDG	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRISCOLL, WILLIAM L	2.2 NAME	
STREET ADDRESS	2100 FIRST NATL BK BLDG	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRISCOLL, RUDOLPH W	3.2 NAME	
STREET ADDRESS	2100 FIRST NATL BK BLDG	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIEFER, MICHAEL J	4.2 NAME	
STREET ADDRESS	2100 FIRST NATL BK BLDG	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLM, RICARD T	5.2 NAME	
STREET ADDRESS	2100 FIRST NATIONAL BANK BUILDING	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with a title like empowered.

SIGNATURE: *Michael J. Giefer* **Michael J. Giefer** **4/20/99** **651-215-4410**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)