

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P06290** (1)
1. Corporation Name
EVENSEN-DODGE, INC.



Principal Place of Business Mailing Address
**801 SECOND AVE SO
STE 5100
MINNEAPOLIS MN 55402
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country
24 25 29 30

3. Date Incorporated or Qualified **06/04/1985** 3a. Date of Last Report **05/01/1995**
4. FEI Number **41-1283144** 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

**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 **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 of Officer or Director of Corporation (if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DODGE, HOMER B.	
STREET ADDRESS	7040 CAHILL ROAD	
CITY - ST - ZIP	EDINA MN	
TITLE	ST	☒ DELETE
NAME	MYERS, CHRISTY LYNNE	
STREET ADDRESS	2145 KNAPP	
CITY - ST - ZIP	ST. PAUL MN	
TITLE	V	☐ DELETE
NAME	BORN, PARICK P.	
STREET ADDRESS	5141 KNOX AVE. S.	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	V	☐ DELETE
NAME	BURGGRAFF, WAYNE S.	
STREET ADDRESS	9833 DAKOTA ROAD	
CITY - ST - ZIP	BLOOMINGTON MN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D/T	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		☐ Change ☐ Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		☒ Change ☐ Addition
31 TITLE	S/V	
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		☐ Change ☐ Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		☐ Change ☐ Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		☐ Change ☐ Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report 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 supplement to 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 617, Florida Statutes, and that my name appears in Block 13 if applicable, or Block 13 if not applicable, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Homer B. Dodge 6/26/96 (612) 338-3535
President