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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
CORPORATION COMMISSIONERS

DOCUMENT # **P09670** (1)
1. Corporation Name
WETTERAU TRANSPORTATION, INC.

Principal Place of Business: **8920 PERSHALL ROAD HAZELWOOD MO 63042-2609**
Mailing Address: **PO BOX 990 MINNEAPOLIS MN 55440 US**

2. Principal Place of Business: **21 11840 Valley View Road**
2a. Mailing Address: **26 PO BOX 990 MINNEAPOLIS MN 55440 US**
22. State: **27 MN**
23. City & State: **28 Eden Prairie, MN**
24. Zip: **25 55344**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/07/1986**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **43-1325221**
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. 199.022 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
B1 Name: _____
B2 Street Address, if P.O. Box Number is Not Applicable: _____
B3 _____
B4 City: _____
B5 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: HEYING, GREGORY C
STREET ADDRESS: 8920 PERSHALL RD	CITY, STATE, ZIP: HAZELWOOD MO
TITLE: VD	NAME: ANDERSON, LAURENCE L
STREET ADDRESS: 8920 PERSHALL RD	CITY, STATE, ZIP: HAZELWOOD MO
TITLE: V	NAME: HARRIS, ISAIAH
STREET ADDRESS: 11840 VALLEY VIEW RD	CITY, STATE, ZIP: EDEN PRAIRIE MN
TITLE: S	NAME: JOHNSON, TERESA H
STREET ADDRESS: 11840 VALLEY VIEW RD	CITY, STATE, ZIP: EDEN PRAIRIE MN
TITLE: T	NAME: CAIRNS, DAVID A
STREET ADDRESS: 11840 VALLEY VIEW RD	CITY, STATE, ZIP: EDEN PRAIRIE MN
TITLE: V	NAME: BOEHNEN, DAVID L
STREET ADDRESS: 11840 VALLEY VIEW RD	CITY, STATE, ZIP: EDEN PRAIRIE MN

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1994

1. TITLE: _____	1. NAME: _____	1. STREET ADDRESS: _____	1. CITY, STATE, ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE: _____	2. NAME: _____	2. STREET ADDRESS: _____	2. CITY, STATE, ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE: _____	3. NAME: _____	3. STREET ADDRESS: _____	3. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE: _____	4. NAME: _____	4. STREET ADDRESS: _____	4. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE: _____	5. NAME: _____	5. STREET ADDRESS: _____	5. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE: _____	6. NAME: _____	6. STREET ADDRESS: _____	6. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE: _____	7. NAME: _____	7. STREET ADDRESS: _____	7. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE: _____	8. NAME: _____	8. STREET ADDRESS: _____	8. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE: _____	9. NAME: _____	9. STREET ADDRESS: _____	9. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. TITLE: _____	10. NAME: _____	10. STREET ADDRESS: _____	10. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct 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 person or persons authorized 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 as an attorney with an address.

SIGNATURE: *Isaiah Harris* Isaiah Harris, VP 4/10/95 612 828 4471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR