

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19656** (8)

1. Corporation Name:

TRIDENT ENTERPRISES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

430 1ST AVE NO
STE 500
MINNEAPOLIS MN 55402
US

430 1ST AVE NO
STE 500
MINNEAPOLIS MN 55402
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/15/1988

3a. Date of Last Report
06/28/1994

2. Principal Place of Business		2a. Mailing Address	
21. <i>ONE FINANCIAL PLAZA</i>	26. <i>ONE FINANCIAL PLAZA</i>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22. <i>SUITE 2300</i>	27. <i>SUITE 2300</i>		
City & State		City & State	
23. <i>MINNEAPOLIS, MN</i>	28. <i>MINNEAPOLIS, MN</i>		
Zip		Zip	
24. <i>55402</i>	25. <i>USA</i>	29. <i>55402</i>	30. <i>USA</i>
Country		Country	

4. FEI Number
06-1238552

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

10. Name and Address of New Registered Agent

**BERTELSEN, ANITA M.
800 LAUREL OAK DR. #200
NAPLES FL 33963**

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL
B5. 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 (print or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	UDESEN, JERRY H.
STREET ADDRESS	430 1ST AVE NO STE 500
CITY, ST, ZIP	MINNEAPOLIS MN
TITLE	V
NAME	STEINBACH, ELAINE
STREET ADDRESS	430 1ST AVE NO STE 500
CITY, ST, ZIP	MINNEAPOLIS MN
TITLE	ST
NAME	BERTELSEN, ANITA M.
STREET ADDRESS	800 LAUREL OAK DR #200
CITY, ST, ZIP	NAPLES FL
TITLE	CD
NAME	O'LEARY, RICHARD E.
STREET ADDRESS	800 LAUREL OAK DR #200
CITY, ST, ZIP	NAPLES FL
TITLE	VCD
NAME	HORNBAKER, GAYLE S.
STREET ADDRESS	18028 TURNBERRY CIR
CITY, ST, ZIP	MINNETONKA MN
TITLE	EVP
NAME	ADAMS, DONALD A
STREET ADDRESS	430 1ST AVE NO STE 500
CITY, ST, ZIP	MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN E. BYRNE
1.3 STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2300
1.4 CITY, ST, ZIP	MINNEAPOLIS MN 55402
2.1 TITLE	V - AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL GORMAN
2.3 STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2300
2.4 CITY, ST, ZIP	MINNEAPOLIS MN 55402
3.1 TITLE	EVP - T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	S - AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NOEL O'LEARY
5.3 STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2300
5.4 CITY, ST, ZIP	MINNEAPOLIS, MN 55402
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	DELETE
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Michael J. Gorman* **MICHAEL J. GORMAN** 4/28/95 617-340-8818
SIGNATURE AND TYPED (PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR