SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 05 1997 8:00am Secretary of State

DOCUMENT # P19656 (8) -WABASH CORPORATION										
-WABASH CORPORATION- HENTERPRISES INTERNATION					, /-	۷C,				
Principal Place of Business Mailing Address							OLDIA BIBIK BABAI	DIDI E E D Q Q		
ONE FINANCIAL PLAZA ONE FINANCIAL PLAZA										
SUITE 2300 SUITE 2300										
MINNEAPOLIS MN 55402 MINNEAPOLIS MN 55402 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report				
		00					06/15/1988	1		
2. Principal I	Place of Business	2a. Mai	ling Address				4. FEI Number	07/29/	Applied For	
21		26					06-1238552		Not Applicable	
Suite, Apt	. #, etc.	Suit	e. Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional	
22	A -	27					or Cermicate of Status Desired	<u></u>	Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29		Country 30	/		8. This corporation owes or has pai Personal Property Tax due June			
	9. Name and Address of C	urrent Registered	i Agent		10. Name and Address of New Registered Agent					
AT CORPORATION SYSTEMS					1 Name					
1200 SOUTH PINE ISLAND ROAD			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324				-	 					
				83						
				84	City	FI 50 2 50 50 50 50 50 50				
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.15	08, Florida Statu	ites, the above	-namec	corpor	ation submits this statement for the pro's board of directors. I hereby accep	urpose of ch	nanging its registered	
agent. I a	am familiar with, and accept the	obligations of, Sec	ction 607.0505, F	torida Statute	/ the cor s.	rporation	is board of directors. I hereby accep	t the appoin	tment as registered	
SIGNATURE										
12.	Signature, typed or printed name of register	red agent and title if applic S AND DIRECTOR:		TE Registered Age	ni signalur	e required	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE		
TITLE	P	JAND DIRECTOR	DELETE	1,1 THILE		1	ADDITIONS/CHANGES TO OFFIC		Change Addition	
NAME	BYRNE, JOHN E			1.2 NAME				_) orange	
STREET ADDRESS	ONE FINANCIAL PLAZA, S	UITE 2300		1.3 STREET	ADDRESS	12	o so.64 St.			
CITY-ST-ZIP	MINNEAPOLIS MN	_		1.4 CITY-S	T-71P					
TITLE	VAT		DELE1E	2.1 TITLE		1			Change Addition	
NAME	GORMAN, MICHAEL			22 NAME		i	a		_	
STREET ADDRESS				23 STREET	ADDRESS	CHE	ME FINANCIAL PLAZA, SUITE 2800 (2050.645 St.			
CITY-ST-ZIP	MINNEAPOLIS MN		X	2 4 CITY-5	ST-ZIP	12	65.643 Sti			
TITLE	EVPT		DELETE	3.1 TITLE				_	Change Addition	
NAME OTDERY ADDRESS	BERTELSEN, ANITA M. 800 LAUREL OAK DR #200	۸	•	3.2 NAME			40000228			
STREET ADORESS	NAPLES FL	,		3.3 STREET			-09/08/970100	4018		
CITY-ST-ZIP TITLE	C		DELETE	3.4. CITY - 5 4.1 TITLE	II-ZIP		***550.08		Change Addition	
NAME	O'LEARY, RICHARD E.		<u></u>	4 2 NAME		ĺ				
STREET ADDRESS	800 LAUREL OAK DR #200)		4.3 STREET	2238004	510	O NORTH TAMIAM	E TRA	14 Suresier	
CITY-ST-ZIP	NAPLES FL			4.4 CITY-S	I - 7IP	10/00	LES EL 184128		, , , , , , , , , , , , , , , , , , , ,	
TITLE	SAT		DELETE	5.1 TITLE		* 4/4/	200 / C V F/IN		Change	
NAME	O'LELARY, NORA			5.2 NAME		010	EARY NORA	_		
STREET ADDRESS	ONE FINANCIAL PLAZA, ST	re. 2300		5.3 STREET	ADDRESS	12	o 50.6 4 St		Ì	
CITY-ST-ZIP	MINNEAPOLIS MN			5.4 CITY - S	[-ZIP	ļ				
TITLE	VPT		DELETE	6.1 TH LE					Change Addition	
NAME	LEWIS, SUSAN P	OLUTE AGGS		6.2 NAME					, ~(
STREET ADDRESS	ONE FINANACIAL PLAZA, (MINNEAPOLIS MN 55402	DUITE 2300		6.3 STREET					1110	
City-St-ZiP		anlind with this fitin	a door not much	6.4 CITY - S		101000	Section 119 07/3Vi) Florida Statutos		AK .	

I do nereby 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.