

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003009 (8)**

1. Corporation Name

**CHILDREN'S HEARTLINK, CORPORATION**



Principal Place of Business <b>5075 ARCADIA AVENUE MINNEAPOLIS MN 55436 US</b>		Mailing Address <b>55436 ARCADIA AVENUE MINNEAPOLIS MN 55407 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
Country		Country	
24		30	
3. Date Incorporated or Qualified <b>06/30/1993</b>			
4. FEI Number <b>41-1307457</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>KEARNS, CAROL 385 NORTHWEST 95TH AVENUE FORT LAUDERDALE FL 33324</b>		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDREAS, DAVID L</b>	1.2 NAME	
STREET ADDRESS	<b>C/O NATIONAL CITY BANK/1 NICOLLET MALL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MINNEAPOLIS MN 55402</b>	1.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSCH, KEVIN M.</b>	2.2 NAME	
STREET ADDRESS	<b>4800 NORWEST CENTER</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MINNEAPOLIS MN 55402</b>	2.4 CITY - ST - ZIP	
TITLE	<b>CD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLER, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>4800 NORWEST CENTER</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MINNEAPOLIS MN 55402</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SVPD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHILTON, WILLIAM D</b>	4.2 NAME	
STREET ADDRESS	<b>800 LASALLE AVENUE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MINNEAPOLIS MN 55402</b>	4.4 CITY - ST - ZIP	
TITLE	<b>SVPD</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELOUSER, CHRIS</b>	5.2 NAME	
STREET ADDRESS	<b>5101 NORTHWEST DRIVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PAUL MN 55111</b>	5.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DADY, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>80 SOUTH STREET</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MINNEAPOLIS MN 55402</b>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Dady* **Michael Dady, Cor.**

4/20/98

612/928-4860 ext. 11

CR2037 (10/97)