

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002431

**Entity Name:** KRAUS-ANDERSON CAPITAL, INC.

**Current Principal Place of Business:**

523 SOUTH 8TH STREET  
MINNEAPOLIS, MN 55404

**Current Mailing Address:**

523 SOUTH 8TH STREET  
MINNEAPOLIS, MN 55404

**FEI Number:** 20-0956421

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            ENGELSMA, BRUCE W.  
Address        523 SOUTH 8TH STREET  
City-State-Zip: MINNEAPOLIS MN 55404

Title            SECRETARY  
Name            MANTHE, ROSEMARY A.  
Address        523 SOUTH 8TH STREET  
City-State-Zip: MINNEAPOLIS MN 55404

Title            CFO  
Name            ASGRIMSON, TIMOTHY D.  
Address        523 SOUTH 8TH STREET  
City-State-Zip: MINNEAPOLIS MN 55404

Title            DIRECTOR  
Name            ENGELSMA, DANIEL W.  
Address        4210 WEST OLD SHAKOPEE ROAD  
City-State-Zip: BLOOMINGTON MN 55437

Title            DIRECTOR  
Name            DIESSNER, DENNIS G.  
Address        420 GATEWAY BOULEVARD  
City-State-Zip: BURNSVILLE MN 55337

Title            VP  
Name            KELLY, MARY JO  
Address        523 SOUTH 8TH STREET  
City-State-Zip: MINNEAPOLIS MN 55404

Title            VP  
Name            ENGELSMA, JAMES D.  
Address        523 SOUTH 8TH STREET  
City-State-Zip: MINNEAPOLIS MN 55404

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROSEMARY A. MANTHE

**SECRETARY**

**04/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date