

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **832236** (4)
1. Corporation Name
E.F. JOHNSON COMPANY



Principal Place of Business: **438 GATEWAY BLVD BURNSVILLE MN 55337-2564 US**
Mailing Address: **438 GATEWAY BLVD BURNSVILLE MN 55337-2564 US**

3. Date Incorporated or Qualified: **04/24/1974**
3a. Date of Last Report: **06/28/1995**
4. FEI Number: **41-0736849**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

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: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	ALLEN, MARK S	
STREET ADDRESS	438 GATEWAY BLVD	
CITY-ST-ZIP	BURNSVILLE MN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEKSEL, WILLIAM	
STREET ADDRESS	438 GATEWAY BLVD	
CITY-ST-ZIP	BURNSVILLE MN	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	BOCKLUND, SCOTT R	
STREET ADDRESS	438 GATEWAY BLVD	
CITY-ST-ZIP	BURNSVILLE MN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GLASS, ERNEST J JR	
STREET ADDRESS	438 GATEWAY BLVD	
CITY-ST-ZIP	BURNSVILLE MN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HAMER, FREDERICK G	
STREET ADDRESS	438 GATEWAY BLVD	
CITY-ST-ZIP	BURNSVILLE MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mike Gault
4.3 STREET ADDRESS	438 Gateway Blvd
4.4 CITY-ST-ZIP	Burnsville, MN 55337
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Thom Morrow
5.3 STREET ADDRESS	438 Gateway Blvd.
5.4 CITY-ST-ZIP	Burnsville, MN 55337
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Fred Gullett
6.3 STREET ADDRESS	438 Gateway Blvd.
6.4 CITY-ST-ZIP	Burnsville, MN 55337

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed) or in an attachment with an address.

SIGNATURE: *[Signature]* 3/14/96 (612) 882-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)