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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 838999 (1)
1. Corporation Name
JOHN G. KINNARD AND COMPANY INCORPORATED



Principal Place of Business
820 SECOND AVE S
MINNEAPOLIS MN 55402
US

Mailing Address
820 SECOND AVE S
MINNEAPOLIS MN 55402-3318
US

3. Date Incorporated or Qualified 08/23/1977	3a. Date of Last Report 05/21/1996
4. FEI Number 41-0853893	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	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SASS, DANIEL R	1.2 NAME	
STREET ADDRESS	370 ABBOTT AVE S	1.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	1.4 CITY - ST - ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FELICETTA, LEE S	2.2 NAME	
STREET ADDRESS	16570 KLAMATH TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKEVILLE MN	2.4 CITY - ST - ZIP	
TITLE	VSD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GIFFORD, GERALD M	3.2 NAME	
STREET ADDRESS	17320 138TH AVE N	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTON MN	3.4 CITY - ST - ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KEARNEY, ARTHUR J	4.2 NAME	
STREET ADDRESS	549 N CENTRAL AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WAYZATA MN	4.4 CITY - ST - ZIP	
TITLE	VD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, THOMAS E	5.2 NAME	
STREET ADDRESS	111 W ELMWOOD PL	5.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	5.4 CITY - ST - ZIP	
TITLE	VD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	O'CONNELL, ANDREW J	6.2 NAME	
STREET ADDRESS	4013 ROANOKE CIRCLE	6.3 STREET ADDRESS	
CITY - ST - ZIP	GOLDEN VALLEY MN	6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/19/97 612-370-2750
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)