

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
920 SECOND AVE S
MINNEAPOLIS MN 55402
US

Mailing Address
920 SECOND AVE S
MINNEAPOLIS MN 55402
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-0853893	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	CD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SASS, DANIEL R			1.2 NAME	Farley, William F, III		
STREET ADDRESS	970 ABBOTT AVE S			1.3 STREET ADDRESS	350 South Brown Road		
CITY-ST-ZIP	MINNEAPOLIS MN			1.4 CITY-ST-ZIP	Long Lake, MN 55356		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FELICETTA, LEE S			2.2 NAME	Westling, Charles B		
STREET ADDRESS	16570 KLAMATH TRAIL			2.3 STREET ADDRESS	14383 Starwood Circle		
CITY-ST-ZIP	LAKEVILLE MN			2.4 CITY-ST-ZIP	Eden Prairie, MN 55347		
TITLE	VSD	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIFFORD, GERALD M			3.2 NAME	Sass, Daniel R		
STREET ADDRESS	17320 138TH AVE N			3.3 STREET ADDRESS	3705 Abbott Ave. S.		
CITY-ST-ZIP	DAYTON MN			3.4 CITY-ST-ZIP	Minneapolis, MN 55410		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEARNEY, ARTHUR J			4.2 NAME	O'Connell, Andrew J		
STREET ADDRESS	549 N CENTRAL AVE			4.3 STREET ADDRESS	2710 Ashbourne Road		
CITY-ST-ZIP	WAYZATA MN			4.4 CITY-ST-ZIP	Minnetonka, MN 55391		
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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]

5/1/98

41-0853893-2726

CR2E034 (10/97)