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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 840522 (7)

1. Corporation Name

AG-CHEM EQUIPMENT CO., INC.



Principal Place of Business

5720 SMETANA DRIVE  
MINNEAPOLIS MN 55343

Mailing Address

5720 SMETANA DRIVE  
MINNEAPOLIS MN 55343

3. Date Incorporated or Qualified

04/24/1978

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 607.0602 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 type for purpose name of registered agent and then if applicable

(NOTE: Registered Agent Signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	MCQUINN, A E	
STREET ADDRESS	5720 SMETANA DRIVE	
CITY - ST - ZIP	MINNETONKA MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAUER, NORMAN A.	
STREET ADDRESS	5720 SMETANA DRIVE	
CITY - ST - ZIP	MINNETONKA MN	
TITLE	VFD	<input type="checkbox"/> DELETE
NAME	RETFERFORD, JOHN C	
STREET ADDRESS	5720 SMETANA DRIVE	
CITY - ST - ZIP	MINNETONKA MN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, ROBERT	
STREET ADDRESS	5720 SMETANA DRIVE	
CITY - ST - ZIP	MINNETONKA MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LANDER, J. JOYCE	
STREET ADDRESS	5720 SMETANA DR.	
CITY - ST - ZIP	MINNETONKA MN	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	OGREN, ROLLAND P.	
STREET ADDRESS	5720 SMETANA DR.	
CITY - ST - ZIP	MINNETONKA MN	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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:

*J. Joyce Lander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Joyce Lander

1/26/96

Date

(612) 933-9006

Daytime Phone #

CR2E034 (12/95)