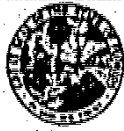


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3: 30

DOCUMENT # 842241 (2)
1. Corporation Name
UNIVERSITY OF MINNESOTA FOUNDATION

Principal Place of Business Mailing Address
1300 S. 2ND ST., SUITE 200 1300 S. 2ND ST., SUITE 200
MINNEAPOLIS MN 55454-1029 MINNEAPOLIS MN 55454-1029
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1978 3a. Date of Last Report 02/23/1994
4. FEI Number 41-6042488 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
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 Suite, Apt. #, etc. 26 Suite, 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

FRANKE, DONALD T
849 7TH AVE, S
NAPLES FL 33940

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 607.0502 and 607.1505, 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 resigning) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FISCHER, GERALD B.
STREET ADDRESS 1300 S. 2ND ST., SUITE 200
CITY-ST-ZIP MINNEAPOLIS, MINN 00000
TITLE C
NAME KULLBERG, DUANE R.
STREET ADDRESS 1300 S. 2ND ST., SUITE 200
CITY-ST-ZIP MINNEAPOLIS MN
TITLE VCD
NAME CAMPBELL, JAMES R.
STREET ADDRESS 1300 S. 2ND ST., SUITE 200
CITY-ST-ZIP MINNEAPOLIS MN
TITLE T
NAME MURPHY, DIANE E.
STREET ADDRESS 1300 S. 2ND ST., SUITE 200
CITY-ST-ZIP MINNEAPOLIS, MINN 00000
TITLE S
NAME HUBBARD, STANLEY S.
STREET ADDRESS 1300 S. 2ND ST., SUITE 200
CITY-ST-ZIP MINNEAPOLIS, MINN 00000
TITLE VP
NAME KIRK, JUDY Y.
STREET ADDRESS 1300 S. 2ND ST., SUITE 200
CITY-ST-ZIP MINNEAPOLIS MI

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE C Change Addition
2.2 NAME Campbell, James R.
2.3 STREET ADDRESS 1300 S. 2nd St, Suite 200
2.4 CITY-ST-ZIP Minneappolis MN 55454-1029
3.1 TITLE VC Change Addition
3.2 NAME Goldberg, Luella G.
3.3 STREET ADDRESS 1300 S. 2nd St, Suite 200
3.4 CITY-ST-ZIP Minneappolis MN 55454-1029
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or (Block 13 if changed) or on an attachment with an address.

SIGNATURE: Judy Y. Kirk 3/8/95 (612) 624-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Judy Y. Kirk, Vice President