

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **12/28/1978**
3a. Date of Last Report: **03/22/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 41-6042488	Applied For	<input type="checkbox"/>	Not Applicable					
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75	Additional Fee Required					
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees					
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, GERALD B.	1.2 NAME	
STREET ADDRESS	1300 S. 2ND ST., SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MINN 00000	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JAMES R	2.2 NAME	
STREET ADDRESS	1300 S. 2ND ST., SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, LUELLA G	3.2 NAME	
STREET ADDRESS	1300 S. 2ND ST., SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, DIANE E.	4.2 NAME	
STREET ADDRESS	1300 S. 2ND ST., SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MINN 00000	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, STANLEY S.	5.2 NAME	
STREET ADDRESS	1300 S. 2ND ST., SUITE 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MINN 00000	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, JUDY Y.	6.2 NAME	
STREET ADDRESS	1300 S. 2ND ST., SUITE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MI	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 617, 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 3/7/96 (612) 624-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)