


FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **842241** (2)

1. Corporation Name  
**UNIVERSITY OF MINNESOTA FOUNDATION**



Principal Place of Business <b>1300 S. 2ND ST., SUITE 200 MINNEAPOLIS MN 55454-1029 US</b>	Mailing Address <b>1300 S. 2ND ST., SUITE 200 MINNEAPOLIS MN 55454-1029 US</b>
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3. Date incorporated or Qualified <b>12/28/1978</b>	3a. Date of Last Report <b>03/14/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>41-6042488</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>FRANKE, DONALD T 849 7TH AVE, S NAPLES FL 33940</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>FISCHER, GERALD B.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1300 S. 2ND ST., SUITE 200</b>	CITY-ST-ZIP <b>MINNEAPOLIS, MINN 00000</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE <b>C</b>	NAME <b>CAMPBELL, JAMES R</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1300 S. 2ND ST., SUITE 200</b>	CITY-ST-ZIP <b>MINNEAPOLIS MN</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	NAME <b>GOLDBERG, LUELLA G</b>	3.1 TITLE <b>Chair /director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1300 S. 2ND ST., SUITE 200</b>	CITY-ST-ZIP <b>MINNEAPOLIS MN</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	NAME <b>MURPHY, DIANE E.</b>	4.1 TITLE <b>Treasurer /director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1300 S. 2ND ST., SUITE 200</b>	CITY-ST-ZIP <b>MINNEAPOLIS, MINN 00000</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <b>S</b>	NAME <b>HUBBARD, STANLEY S.</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1300 S. 2ND ST., SUITE 200</b>	CITY-ST-ZIP <b>MINNEAPOLIS, MINN 00000</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <b>VP</b>	NAME <b>KIRK, JUDY Y.</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1300 S. 2ND ST., SUITE 200</b>	CITY-ST-ZIP <b>MINNEAPOLIS MI</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **3/10/97** **412-624-3333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078484

CR2E037 (9/96)