

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842241

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

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1978	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-6042488	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

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 _____ 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	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	CD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, LUELLA G		2.2 NAME	Leatherdale, Douglas	
STREET ADDRESS	1300 S. 2ND ST., SUITE 200		2.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		2.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, DIANE E.		3.2 NAME	wright, Donald	
STREET ADDRESS	1300 S. 2ND ST., SUITE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MINN 00000		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, STANLEY S.		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	VP	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, JUDY Y.		5.2 NAME		
STREET ADDRESS	1300 S. 2ND ST., SUITE 200		5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MI		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	Marcotte, Daniel	
STREET ADDRESS			6.3 STREET ADDRESS	1300 S. 2nd St. Suite 200	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Minneapolis MN 55454	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED: DANIEL MARCOTTE 4/27/99 612.624.2854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)