FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:07

DOCUMENT # **844542** **(1)**

1. Corporation Name

MINNEAPOLIS TEACHERS' RETIREMENT FUND ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
730 SECOND AVE., S. MINNEAPOLIS MN 55402	730 SECOND AVE., S. MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1979	3a. Date of Last Report: 02/28/1994
4. FEI Number: 41-0415950	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ 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	ST	1.1 TITLE		☐ Change ☐ Addition
NAME	HANSON, DOUGLAS A.	1.2 NAME		
STREET ADDRESS	2220 E. 56TH STEET	1.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP		
TITLE	TT	2.1 TITLE		☐ Change ☐ Addition
NAME	HOISINGTON, ,ROBERT	2.2 NAME		
STREET ADDRESS	4218 SYLVIA LANE S.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SHOREVIEW MN	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	MOEN, NORMAN	3.2 NAME		
STREET ADDRESS	2019 EWING AVE S	3.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	3.4 CITY-ST-ZIP		
TITLE	VT	4.1 TITLE		☐ Change ☐ Addition
NAME	PAINE, JUDITH	4.2 NAME		
STREET ADDRESS	5405 QUEEN AVE., S.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	4.4 CITY-ST-ZIP		
TITLE	PT	5.1 TITLE	T	☒ Change ☐ Addition
NAME	WILMS, HERBERT R.	5.2 NAME		
STREET ADDRESS	5608 PARK PL.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	PT	☒ Change ☐ Addition
NAME	RISSER, LARRY	6.2 NAME		
STREET ADDRESS	4904 THOMAS AVE., S.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	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)(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: Karen Kullberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074489