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 # **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

2 Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **11/06/1979**

3a. Date of Last Report: **02/06/1995**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 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 (Must be typed, corporate name of registered agent and title of officer) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	ST	☐ DELETE	11 TITLE	T/T	☒ Change ☐ Addition
NAME	HANSON, DOUGLAS A.		12 NAME		
STREET ADDRESS	2220 E. 56TH STEET		13 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		14 CITY-ST-ZIP		
TITLE	TT	☒ DELETE	21 TITLE	S/T Ann Downing	☒ Change ☐ Addition
NAME	HOISINGTON, ,ROBERT		22 NAME	4575 W 80th St Cir #333	
STREET ADDRESS	4218 SYLVIA LANE S.		23 STREET ADDRESS	Bloomington MN 55437	
CITY-ST-ZIP	SHOREVIEW MN		24 CITY-ST-ZIP		
TITLE	T	☐ DELETE	31 TITLE	VT	☒ Change ☐ Addition
NAME	MOEN, NORMAN		32 NAME		
STREET ADDRESS	2019 EWING AVE S		33 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		34 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	41 TITLE	T	☒ Change ☐ Addition
NAME	PAINE, JUDITH		42 NAME		
STREET ADDRESS	5405 QUEEN AVE., S.		43 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		44 CITY-ST-ZIP		
TITLE	T	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	WILMS, HERBERT R.		52 NAME		
STREET ADDRESS	5608 PARK PL.		53 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		54 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	RISSER, LARRY		62 NAME		
STREET ADDRESS	4904 THOMAS AVE., S.		63 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		64 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: Laurence Risser Laurence Risser 1-17-96 (612) 922-6596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number

CR2E037 (12/95)