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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844542 (1)

1. Corporation Name
MINNEAPOLIS TEACHERS' RETIREMENT FUND ASSOCIATION, INC.

Principal Place of Business 730 SECOND AVE., S. MINNEAPOLIS MN 55402	Mailing Address 730 SECOND AVE., S. MINNEAPOLIS MN 55402-2406
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 11/06/1979	3a. Date of Last Report 01/26/1996
4. FEI Number 41-0415950		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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 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	
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TT <input type="checkbox"/> DELETE	1.1 TITLE	president <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, DOUGLAS A.	1.2 NAME	
STREET ADDRESS	2220 E. 56TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	Vice president <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNING, ANN	2.2 NAME	
STREET ADDRESS	4575 W. 80TH ST. CIR.#333	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAINE, JUDITH	4.2 NAME	Birdie Carter
STREET ADDRESS	5405 QUEEN AVE., S.	4.3 STREET ADDRESS	1957 Larpenturw
CITY-ST-ZIP	MINNEAPOLIS MN	4.4 CITY-ST-ZIP	ST Paul MN 55113
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILMS, HERBERT R.	5.2 NAME	Silvia Ostby
STREET ADDRESS	5608 PARK PL.	5.3 STREET ADDRESS	542-2 Lovell Ave.
CITY-ST-ZIP	MINNEAPOLIS MN	5.4 CITY-ST-ZIP	Rosville MN 55113
TITLE	PT <input type="checkbox"/> DELETE	6.1 TITLE	treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISSE, 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 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.

CR2E037 (9/96)

3 1897 112 338 7865

BOARD OF TRUSTEES

DOUGLAS A. HANSON
PRESIDENT

2220 E. 56TH STREET
MINNEAPOLIS MN 55410

HOME 722-1640

ANN DOWNING
VICE PRESIDENT

5746 HYLAND COURTS DR
BLOOMINGTON MN 55437

HOME 839-9829
WORK 627-3289

NORMAN MOEN
SECRETARY

2019 EWING AVENUE S
MINNEAPOLIS MN 55416

HOME 922-4219
WORK 529-9621

LARRY RISSE
TREASURER

4904 THOMAS AVENUE S
MINNEAPOLIS MN 55410

HOME 922-6596
WORK 874-0951

BIRDIE CARTER

1957 LARPENTEUR W
ST PAUL MN 55113

HOME 642-9517
WORK 627-2271

SILVIA OSTBY

542-2 LOVELL AVENUE
ROSEVILLE MN 55113

HOME 483-6538
WORK 627-3073

DR ROSS TAYLOR

2677 E LAKE OF ISLES PKWY
MINNEAPOLIS MN 55408

HOME 377-3440