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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 844542

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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/06/1979

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

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
HANSON, DOUGLAS A.
STREET ADDRESS **2220 E. 56TH STREET**
CITY-STATE-ZIP **MINNEAPOLIS MN**

TITLE ☐ DELETE

NAME **VP**
DOWNING, ANN
STREET ADDRESS **5746 HYLAND COURTS DR**
CITY-STATE-ZIP **BLOOMINGTON MN 55437**

TITLE ☐ DELETE

NAME **S**
MOEN, NORMAN
STREET ADDRESS **2019 EWING AVE S**
CITY-STATE-ZIP **MINNEAPOLIS MN**

TITLE ☐ DELETE

NAME **T**
CARTER, BIRDIE
STREET ADDRESS **1957 LARPEUR W**
CITY-STATE-ZIP **ST PAUL MN**

TITLE ☐ DELETE

NAME **T**
OSTBY, SILVIA
STREET ADDRESS **542-2 LOVELL AVE**
CITY-STATE-ZIP **ROSEVILLE MN**

TITLE ☐ DELETE

NAME **T**
RISER, LARRY
STREET ADDRESS **4904 THOMAS AVE., S.**
CITY-STATE-ZIP **MINNEAPOLIS MN**

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Secretary

☒ Change

☐ Addition

President

☒ Change

☐ Addition

Treasurer

☒ Change

☐ Addition

Vice President

☒ Change

☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

Date

(612) 338-7065
Daytime Phone #

CR2E037 (11/98)