

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Motham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **846726** (8)

1. Corporation Name

CARLSON MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

12755 STATE HIGHWAY 55
MINNEAPOLIS MN 55441

12755 STATE HIGHWAY 55
MINNEAPOLIS MN 55441

3. Date Incorporated or Qualified

08/14/1980

3a. Date of Last Report

05/01/1994

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

4. FEI Number

41-0833079

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|-----------------------|
| TITLE | TV |
| NAME | DIRACLES, J.M. JR |
| STREET ADDRESS | 12755 STATE HWY 55 |
| CITY - ST - ZIP | MINNEAPOLIS, MN 00000 |
| TITLE | P |
| NAME | BURKE, JOEL E |
| STREET ADDRESS | 12755 STATE HWY 55 |
| CITY - ST - ZIP | MINNEAPOLIS, MN 00000 |
| TITLE | V |
| NAME | HAMANN, DARREL M |
| STREET ADDRESS | 12755 STATE HWY 55 |
| CITY - ST - ZIP | MINNEAPOLIS, MN 00000 |
| TITLE | D |
| NAME | CARLSON, CURTIS L |
| STREET ADDRESS | 12755 STATE HWY 55 |
| CITY - ST - ZIP | MINNEAPOLIS, MN 00000 |
| TITLE | S |
| NAME | SHINOFIELD, RICHARD E |
| STREET ADDRESS | 12755 STATE HWY 55 |
| CITY - ST - ZIP | MINNEAPOLIS, MN 00000 |
| TITLE | EV |
| NAME | ERICKSON, WALTER W |
| STREET ADDRESS | 12755 STATE HWY 55 |
| CITY - ST - ZIP | MINNEAPOLIS MN |

| | |
|--------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | President |
| 23 STREET ADDRESS | James J. Ryan |
| 24 CITY - ST - ZIP | 12755 State Hwy 55 Minneapolis MN 55441 |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 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 110.07(3)(b), 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 provided in Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

D M Hamann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darrel M. Hamann
DATE

4-19-95 612-510-5883
V. Pres. Tax