

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **846726 (8)**
1. Corporation Name
CARLSON MARKETING GROUP, INC.



Principal Place of Business: **12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441**
Mailing Address: **12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441**

3. Date Incorporated or Qualified: **08/14/1980**
3a. Date of Last Report: **05/01/1995**
4. FET Number: **41-0633079**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26 P O Box 59159**
Suite, Apt. #, etc.: **27 ATTN : TAX DEPT.**
City & State: **28 Minneapolis, MN**
Zip: **29 55459-8250** Country: **30**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	TV	<input type="checkbox"/> DELETE
NAME	DIRACLES, J.M. JR	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RYAN, JAMES J	
STREET ADDRESS	12755 STATE HWY. 55	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAMANN, DARREL M	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARLSON, CURTIS L	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHINOFIELD, RICHARD E	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS, MN 00000	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	ERICKSON, WALTER W	
STREET ADDRESS	12755 STATE HWY 55	
CITY-ST-ZIP	MINNEAPOLIS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	300001807623
5.4 CITY-ST-ZIP	-05/04/96--01005--019 ***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Handwritten: 5-1-96

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Darrel M. Hamann* **Darrel M. Hamann**
Vice Pres. -Tax **4-22-96 612-540-5883**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Prior 3 P

CR2E034 (12/95)