


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90181 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 846726
 1. Corporation Name
CARLSON MARKETING GROUP, INC.

Principal Place of Business 12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441	Mailing Address PO BOX 59159 ATTN: TAX DEPT. MINNEAPOLIS MN 55459-8250
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/14/1980	
4. FEI Number 41-0833079	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 checked="" 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	PCEO <input checked="" 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	CBD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nelson, Marilyn C.
4.3 STREET ADDRESS	12755 State Hwy 55
4.4 CITY-ST-ZIP	Minneapolis MN 55441
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, 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: Darrel M. Hamann **Darrel M. Hamann** 4-26-99 612-212-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)