

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

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **851399** (6)
1. Corporation Name
TRS, INC.



Principal Place of Business 2731 NEVADA AVE- MINNEAPOLIS MN 55427-	Mailing Address 2731 NEVADA AVE- MINNEAPOLIS MN 55427-2806
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3. Date Incorporated or Qualified 12/30/1981	3a. Date of Last Report 03/18/1996
4. FEI Number 41-1369276	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	

2. Principal Place of Business 21 8650 109TH AVE N Suite, Apt. #, etc.	2a. Mailing Address 26 8650 109TH AVE N Suite, Apt. #, etc.
22 City & State CHAMPLIN, MN	27 City & State CHAMPLIN, MN
23 Zip 55316	28 Zip 55316
24 Country	29 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS

TITLE	CED	<input type="checkbox"/> DELETE
NAME	KUNZ, JAMES T	
STREET ADDRESS	2542 OAK ISLAND POINT RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, MICHAEL S.	
STREET ADDRESS	10028 HIGHVIEW CT.	
CITY-ST-ZIP	CHAMPLIN MN	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHARFENBERGER, PAUL L	
STREET ADDRESS	14899 75TH AVENUE NO.	
CITY-ST-ZIP	MAPLE GROVE MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MEISTER, MARY T.	
STREET ADDRESS	12126 OXBOW DRIVE	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, MICHAEL S.	
STREET ADDRESS	10028 HIGHVIEW CT.	
CITY-ST-ZIP	CHAMPLIN MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" 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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIKE KUNZ	
3.3 STREET ADDRESS	8650 109TH AVE N	
3.4 CITY-ST-ZIP	CHAMPLIN, MN 55316	
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		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary T. Meister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-97 6:28 PM \$900
Date Daytime Phone #

CR2E034 (9/96)