

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90002 045 \*\*\*150.00

**DOCUMENT # 851830**

1. Entity Name

**KRAUS-ANDERSON CONSTRUCTION COMPANY**

Principal Place of Business

Mailing Address

523 S 8TH ST  
 MINNEAPOLIS MN 55404

525 S 8TH ST  
 MINNEAPOLIS MN 55404-1030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**41-0808757**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**813256**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   
 See attached for complete

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. Listing of all OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **CEO**  Delete  
 NAME: **ENGELSMAN, BRUCE W.**  
 STREET ADDRESS: **4210 W OLD SHAKOPEE RD**  
 CITY-ST-ZIP: **BLOOMINGTON MN 55437-2995**

TITLE: **CEO/P/D**  Change  Addition  
 NAME: **ENGELSMAN, BRUCE W.**  
 STREET ADDRESS: **523 South Eighth Street**  
 CITY-ST-ZIP: **Minneapolis, MN 55404**

TITLE: **PD**  Delete  
 NAME: **JAEGER, WILLIAM J., JR.**  
 STREET ADDRESS: **525 S 8TH ST**  
 CITY-ST-ZIP: **BLOOMINGTON MN 5404**

TITLE: **COO/D**  Change  Addition  
 NAME: **JAEGER, WILLIAM J., JR.**  
 STREET ADDRESS: **525 S 8TH ST**  
 CITY-ST-ZIP: **Minneapolis, MN 55404**

TITLE: **SVP**  Delete  
 NAME: **SCHLETTY, JOHN W.**  
 STREET ADDRESS: **26 LANGER CIRCLE**  
 CITY-ST-ZIP: **ST PAUL MN**

TITLE: **SVP/D**  Change  Addition  
 NAME: **SCHLETTY, JOHN W.**  
 STREET ADDRESS: **200 Grand Avenue**  
 CITY-ST-ZIP: **St. Paul, MN 55102**

TITLE: **CSV**  Delete  
 NAME: **DREIS, JEROLD**  
 STREET ADDRESS: **525 S 8TH ST**  
 CITY-ST-ZIP: **MINNEAPOLIS MN 55404**

TITLE: **CFO/S/VP**  Change  Addition  
 NAME: **DREIS, JEROLD**  
 STREET ADDRESS: **525 S 8TH ST**  
 CITY-ST-ZIP: **MINNEAPOLIS MN 55404**

TITLE: **AS**  Delete  
 NAME: **GOEBEL, JANICE R.**  
 STREET ADDRESS: **523 S 8TH ST**  
 CITY-ST-ZIP: **MINNEAPOLIS MN 55404**

TITLE: **VP**  Delete  
 NAME: **GOEBEL, JANICE R.**  
 STREET ADDRESS: **523 S 8TH ST**  
 CITY-ST-ZIP: **MINNEAPOLIS MN 55404**

TITLE: **VP**  Delete  
 NAME: **COUDRON, MARK J.**  
 STREET ADDRESS: **6525 HILTON TRAIL NORTH**  
 CITY-ST-ZIP: **PINE SPRINGS MN**

TITLE: **VP**  Change  Addition  
 NAME: **COUDRON, MARK J.**  
 STREET ADDRESS: **525 South Eighth Street**  
 CITY-ST-ZIP: **Minneapolis, MN 55404**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Janice R. Goebel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/00*  
 Date

(612) 332-7281  
 Daytime Phone #

Janice R. Goebel, Assistant Secretary

CR2E034 (9/99)