

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 856652

(3)

1. Corporation Name

OPUS CORPORATION

Principal Place of Business

9900 BREN ROAD EAST
POST OFFICE BOX 150
MINNEAPOLIS MN 55440

Mailing Address

9900 BREN ROAD EAST
POST OFFICE BOX 150
MINNEAPOLIS MN 55440



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 County

29 County

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (If O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.05 through 607.1104, Florida Statutes, the above named corporation is, on this day, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.05 through 607.1104, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report.

Signature of the person authorized to sign this report.

DATE

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE
D RAUENHORST, HENRIETTA	9900 BREN ROAD EAST MINNEAPOLIS MN		☐ DELETE
D RAUENHORST, GERALD	9900 BREN ROAD EAST MINNEAPOLIS MN		☐ DELETE
D TUCKER, JAMES L.	9900 BREN ROAD EAST MINNEAPOLIS MN		☐ DELETE
D HAUGLAND, GENE	9900 BREN ROAD EAST MINNEAPOLIS MN		☐ DELETE
VTD KORKOWSKI, ROBERT J.	9900 BREN ROAD EAST MINNEAPOLIS MN		☒ EXIST
P RAUENHORST, MARK	9900 BREN ROAD EAST MINNEAPOLIS MN		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE	Change	Add
14 NAME	14 STREET ADDRESS	14 CITY-STATE-ZIP	14 DATE	☐	☐
15 NAME	15 STREET ADDRESS	15 CITY-STATE-ZIP	15 DATE	☐	☐
16 NAME	16 STREET ADDRESS	16 CITY-STATE-ZIP	16 DATE	☐	☐
17 NAME	17 STREET ADDRESS	17 CITY-STATE-ZIP	17 DATE	☐	☐
18 NAME	18 STREET ADDRESS	18 CITY-STATE-ZIP	18 DATE	☐	☐
19 NAME	19 STREET ADDRESS	19 CITY-STATE-ZIP	19 DATE	☐	☒
20 NAME	20 STREET ADDRESS	20 CITY-STATE-ZIP	20 DATE	☐	☐

14. I do hereby certify that the information supplied with this filing is true, correct and complete, for the compliance with the provisions of Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or Supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of this corporation, the person authorized to make this report is required by Chapter 607, Florida Statutes, and that my name appears in Book 12 of the Florida Department of State's records.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Rauenhurst
President

4-11-96

(612) 936-4508

CR2E034 (12/95)