


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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F92000000357 (5) 1. Corporation Name NORTHWEST PARS, INC.		



Principal Place of Business 5101 NORTHWEST DRIVE ST. PAUL MN 55111-3034	Mailing Address 5101 NORTHWEST DRIVE DEPARTMENT A4450 ST. PAUL MN 55111-3034 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5101 Northwest Drive Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 5101 Northwest Drive Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 11/20/1992	
Country 25		Country 30		4. FEI Number 41-1574350 Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

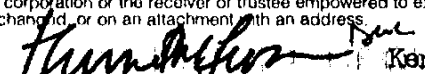
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL E. LEVINE	1.2 NAME	
STREET ADDRESS	5101 NORTHWEST DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PAUL MN	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRESEN, ROLF S.	2.2 NAME	
STREET ADDRESS	5101 NORTHWEST DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PAUL MN	2.4 CITY - ST - ZIP	
TITLE	F <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. TIMOTHY GRIFFIN	3.2 NAME	
STREET ADDRESS	5101 NORTHWEST DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PAUL MN	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEENLAND, DOUGLAS M	4.2 NAME	
STREET ADDRESS	5101 NORTHWEST DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PAUL MN	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENZA, A M	5.2 NAME	
STREET ADDRESS	5101 NORTHWEST DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST PAUL MN	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSON, KENNETH S	6.2 NAME	
STREET ADDRESS	5101 NORTHWEST DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST PAUL MN	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.

SIGNATURE:  **Kenneth S. Levinson** 4/22/98 612 726-2340

CR2E034 (10/97)