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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000000872 (2)

1. Corporation Name
HIGHWAY SERVICES, INC.

Principal Place of Business

P. O. BOX 310
ROGERS MN 55374

Mailing Address

P. O. BOX 310
ROGERS MN 55374-0310



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/08/1993

3a. Date of Last Report

04/02/1996

4. FEI Number

41-0940532

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROUDEBUSH, JOHN L
STREET ADDRESS 16915 - 5TH AVE.
CITY-ST-ZIP PLYMOUTH MN 55447

TITLE VD
NAME AAMOLD, GARY
STREET ADDRESS 14415 - 45TH AVE. NO.
CITY-ST-ZIP PLYMOUTH MN 55446

TITLE VD
NAME LEWIS, PETE
STREET ADDRESS 14116 201ST. AVE.
CITY-ST-ZIP ELK RIVER MN 55330

TITLE D
NAME BINGER, WYNN S
STREET ADDRESS 2950 DEAN PARKWAY
CITY-ST-ZIP MINNEAPOLIS MN 55408

TITLE S
NAME PERRY, JULIE
STREET ADDRESS 2703 - 13TH TERRACE
CITY-ST-ZIP NEW BRIGHTON MN 55112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD
1.2 NAME ROUDEBUSH, JOHN L.
1.3 STREET ADDRESS 370 WAYCLIFF DR
1.4 CITY-ST-ZIP WAYZATA MN 55391

2.1 TITLE PD
2.2 NAME AAMOLD, GARY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

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:

[Signature]

4-17-97

6-12-428-2244

CR2E034 (9/96)