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May 12 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 # F93000001066 (0)

1. Corporation Name

MINNESOTA INTERACTIVE TECHNOLOGIES, INC.



Principal Place of Business

2266 NORTH SECOND STREET
N ST. PAUL MN 55109
US

Mailing Address

2266 NORTH SECOND STREET
N ST. PAUL MN 55106-2914
US

3. Date Incorporated or Qualified

02/25/1993

3a. Date of Last Report

03/29/1996

4. FEI Number

41-1387419

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

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

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

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	<input type="checkbox"/> DELETE
NAME	AUTH, THOMAS L	
STREET ADDRESS	2266 N SECOND STREET	
CITY - ST - ZIP	NORTH ST. PAUL MN	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BRISKEY, CHARLES E	
STREET ADDRESS	2266 N SECOND STREET	
CITY - ST - ZIP	NORTH ST. PAUL MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRUNIUS, ROBERT E	
STREET ADDRESS	2266 N SECOND STREET	
CITY - ST - ZIP	NORTH ST. PAUL MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DURANT, CHARLES A	
STREET ADDRESS	2266 N SECOND STREET	
CITY - ST - ZIP	NORTH ST. PAUL MN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WANEK, STEPHEN J	
STREET ADDRESS	2266 N SECOND STREET	
CITY - ST - ZIP	NORTH ST. PAUL MN	
TITLE	VPOF	<input type="checkbox"/> DELETE
NAME	REICHERT, JACK A	
STREET ADDRESS	2266 N SECOND STREET	
CITY - ST - ZIP	NORTH ST. PAUL MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 as an attachment with an address.

SIGNATURE: *Jack A. Reichert* REQUIRED *Jack A. Reichert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. Finance / Administration

4/30/97

(612) 779-4807

Daytime Phone #

CR2E034 (9/96)