

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F93000004463 (6)

1. Corporation Name
CENERGY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**ONE MAIN ST., SE
STE. 600
MINNEAPOLIS MN 55414
US**

Mailing Address
**ONE MAIN ST SE
STE. 600
MINNEAPOLIS MN 55414
US**

3. Date Incorporated or Qualified
10/04/1993

3a. Date of Last Report
07/29/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		41-1759883		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, THOMAS J	1.2 NAME	
STREET ADDRESS	ONE MAIN ST., SE, STE. 600	1.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBY, JOSEPH P	2.2 NAME	Casey D. Whelan
STREET ADDRESS	ONE MAIN ST., SE., STE. 600	2.3 STREET ADDRESS	One Main St SE Ste 600
CITY - ST - ZIP	MINNEAPOLIS MN	2.4 CITY - ST - ZIP	Minneapolis MN 55414
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, PETER M	3.2 NAME	
STREET ADDRESS	ONE MAIN ST., SE., STE. 600	3.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	3.4 CITY - ST - ZIP	
TITLE	TV	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSE, DUANE A	4.2 NAME	Jeffrey R. Busch
STREET ADDRESS	ONE MAIN ST., SE, STE. 600	4.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	4.4 CITY - ST - ZIP	
TITLE	AT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCH, JEFFERY R	5.2 NAME	John G. Wacker
STREET ADDRESS	ONE MAIN ST., SE, STE. 600	5.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____ DATE: 4/13/95 (618) 362-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Official Phone #)