

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

1-2

DOCUMENT # **F93000004463 (6)**

1. Corporation Name  
**CENERGY, INC.**



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: **04/24/1995**  
4. FEI Number: **41-1759883** 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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

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: \_\_\_\_\_ 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 must apply to:

DATE: \_\_\_\_\_

DATE:

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, THOMAS J	
STREET ADDRESS	ONE MAIN ST., SE, STE. 600	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WHELAN, CASEY D	
STREET ADDRESS	ONE MAIN ST., SE., STE. 600	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GLASS, PETER M	
STREET ADDRESS	ONE MAIN ST., SE., STE. 600	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	BUSCH, JEFFREY R	
STREET ADDRESS	ONE MAIN ST., SE, STE. 600	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	WACKER, JOHN G	
STREET ADDRESS	ONE MAIN ST., SE, STE. 600	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	DANIEL T. HUDSON		
1.3 STREET ADDRESS	ONE MAIN ST SE, SUITE 600		
1.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55414		
2.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	SANDRA S. SCHUTZER		
2.3 STREET ADDRESS	ONE MAIN ST SE, SUITE 600		
2.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55414		
3.1 TITLE	AT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	PAUL A. JOHNSON		
3.3 STREET ADDRESS	ONE MAIN ST SE, SUITE 600		
3.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55414		
4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	ARLAND D. BRUGVEN		
4.3 STREET ADDRESS	ONE MAIN ST SE, SUITE 600		
4.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55414		
5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	EDWARD JAMES MCINTYRE		
5.3 STREET ADDRESS	ONE MAIN STREET SE, SUITE 600		
5.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55414		
6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	JOHN A. NOER		
6.3 STREET ADDRESS	ONE MAIN ST SE, SUITE 600		
6.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55414		

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Sandra S. Schutjer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/96

612-362-2806

Continued

CR2E034 (12/95)

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B. (continued)

DAVID H. PETERSON

ONE MAIN STREET SE, SUITE 600

MINNEAPOLIS, MN 55414