

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 then applicable

DATE Registered Agent signature (date when resigning)

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
11 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12 NAME	DANIEL T. HUDSON		
13 STREET ADDRESS	ONE MAIN ST SE, SUITE 600		
14 CITY-ST-ZIP	MINNEAPOLIS, MN 55414		
21 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	SANDRA S. SCHUTJER		
23 STREET ADDRESS	ONE MAIN ST SE, SUITE 600		
24 CITY-ST-ZIP	MINNEAPOLIS, MN 55414		
31 TITLE	AT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
32 NAME	PAUL A. JOHNSON		
33 STREET ADDRESS	ONE MAIN ST SE, SUITE 600		
34 CITY-ST-ZIP	MINNEAPOLIS, MN 55414		
41 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
42 NAME	ARLAND D. BRUGVEN		
43 STREET ADDRESS	ONE MAIN ST SE, SUITE 600		
44 CITY-ST-ZIP	MINNEAPOLIS, MN 55414		
51 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
52 NAME	EDWARD JAMES MCINTYRE		
53 STREET ADDRESS	ONE MAIN STREET SE, SUITE 600		
54 CITY-ST-ZIP	MINNEAPOLIS, MN 55414		
61 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
62 NAME	JOHN A. NOER		
63 STREET ADDRESS	ONE MAIN ST SE, SUITE 600		
64 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

CR2E034 (12/95)

Continued

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B. (continued)

DAVID H. PETERSON

ONE MAIN STREET SE, SUITE 600

MINNEAPOLIS, MN 55414