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

DOCUMENT # F94000001012 (3)

1. Corporation Name

SERVICE 145 CORP.

Principal Place of Business	Mailing Address
1285 CORPORATE CENTER DR., STE. 190 EAGAN MN 55121-1256 US	1285 CORPORATE CENTER DR., STE. 190 EAGAN MN 55121-1256 US

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report: 04/21/1995
4. FEI Number: 41-1761567 — [ ] 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 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. **Name and Address of Current Registered Agent**

CT 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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	VD [ ] DELETE
NAME	BROWN, DERRILL E
STREET ADDRESS	1133 4TH STREET SUITE 300
CITY-ST-ZIP	SARASOTA FL
TITLE	VD [ ] DELETE
NAME	FORD, JOHN
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., STE.1180
CITY-ST-ZIP	MINNEAPOLIS MN 55437
TITLE	VD [ ] DELETE
NAME	GRAHAM, ROBERT H
STREET ADDRESS	610 NEWPORT CENTER DR SUITE 270
CITY-ST-ZIP	NEW PORT BEACH CA
TITLE	PD [ ] DELETE
NAME	HEAGLE, RONALD J
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., #1180
CITY-ST-ZIP	MINNEAPOLIS MN 55437
TITLE	VTD [ ] DELETE
NAME	LACHENMAYER, JOHN R
STREET ADDRESS	8400 NORMANDALE LAKE BLVD., #1180
CITY-ST-ZIP	MINNEAPOLIS MN 55437
TITLE	VD [ ] DELETE
NAME	LOCKHART, GARY G
STREET ADDRESS	600 S. CHERRY ST. SUITE 810
CITY-ST-ZIP	DENVER CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Blocks 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — [ ] Change [ ] Addition — blank)

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)(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: X John R Lachenmayer — 3-25-96 — 6128358083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)