

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 03 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 # F94000002238 (3)
 1. Corporation Name
KENTROX INDUSTRIES, INC.



| | |
|---|---|
| Principal Place of Business 14375 NW SCIENCE PARK DR PORTLAND OR 97229 US | Mailing Address 4900 WEST 78TH STREET MINNEAPOLIS MN 55435 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|------------------------|--|--|--|-------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 P.O. Box 1101 | | 05/02/1994 | | 02/28/1996 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 23 City & State | | 28 Minneapolis, MN | | 93-0624861 | | Not Applicable | |
| 24 Zip | | 25 Country | | 29 55440-1101 | | 30 USA | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | | | 9. \$8.75 Additional Fee Required | | | |
| 7. \$5.00 May Be Added to Fees | | | | | | | |

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 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | CADOGAN, WILLIAM J | |
| STREET ADDRESS | 4900 W. 78TH ST. | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | REILY, JACK P | |
| STREET ADDRESS | 4900 W. 78TH ST. | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SWITZ, ROBERT E | |
| STREET ADDRESS | 4900 W. 78TH ST. | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GILBERT, RICHARD S. | |
| STREET ADDRESS | 14375 N.W. SCIENCE PARK DR. | |
| CITY-ST-ZIP | PORTLAND OR | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | FISHER, DAVID F | |
| STREET ADDRESS | 4900 W. 78TH STREET | |
| 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

| | | |
|--------------------|--|--|
| 1.1 TITLE | C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Cadogan, William J. | |
| 1.3 STREET ADDRESS | 4900 W. 78TH ST. 12501 Whitewater Drive | |
| 1.4 CITY-ST-ZIP | MINNEAPOLIS, MN 55440-1101 55343 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Davis, Lynn J. | |
| 2.3 STREET ADDRESS | 4900 W. 78TH ST. 12501 Whitewater Drive | |
| 2.4 CITY-ST-ZIP | MINNEAPOLIS, MN 55440-1101 55343 | |
| 3.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Switz, Robert E. | |
| 3.3 STREET ADDRESS | 4900 W. 78TH ST. 12501 Whitewater Drive | |
| 3.4 CITY-ST-ZIP | MINNEAPOLIS, MN 55440-1101 55343 | |
| 4.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Dobrushin, Alexander V. | |
| 4.3 STREET ADDRESS | 14375 N.W. Science Park Dr. | |
| 4.4 CITY-ST-ZIP | Portland, OR 97229 | |
| 5.1 TITLE | AS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Fisher, David F. | |
| 5.3 STREET ADDRESS | 4900 W. 78TH ST. 12501 Whitewater Drive | |
| 5.4 CITY-ST-ZIP | MINNEAPOLIS, MN 55440-1101 55343 | |
| 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 on an attachment with an address.

SIGNATURE:  8/12/97 (612) 946-3042

CR2E034 (4/97)