

FILE NOW: FILING FEE AFTER MAY 148 \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000004127 (6)

1. Corporation Name

NORTHWESTERN TRAVEL SERVICE, INC.



Principal Place of Business

Mailing Address

7250 METRO BOULEVARD  
MINNEAPOLIS MN 55439-2138

7250 METRO BOULEVARD  
MINNEAPOLIS MN 55439-2138

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/09/1994

3a. Date of Last Report

04/24/1995

4. FEI Number

41-0956506

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

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 title (if applicable)

(NOTE: If general agent, signature required later in statement)

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 NAME

STREET ADDRESS

CITY - ST - ZIP

1.3 NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 NAME

STREET ADDRESS

CITY - ST - ZIP

1.7 NAME

STREET ADDRESS

CITY - ST - ZIP

1.8 NAME

STREET ADDRESS

CITY - ST - ZIP

1.9 NAME

STREET ADDRESS

CITY - ST - ZIP

1.10 NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY - ST - ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY - ST - ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY - ST - ZIP

1925 Cedarhurst  
Wayzata, MN 55391

1772 Shorewood Lane  
Mound, MN 55364

1661 Brunswick Avenue South  
St. Louis Park, MN 55416

7651 Nicholas Way  
Chanhassen, MN 55317

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 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:

Roger Przytarski

4/3/96

(612) 921-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)