## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400004127 (6)

## NORTHWESTERN TRAVEL SERVICE, INC.

**FILED** 

Feb 12 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address				I UNDIANA SAND HANS BIRST WARE WARE AND SA	Ş MBİNY MUNIY DIĞAN ŞIBIN ILAN IBBI IBBI	
7250 METRO BOULEVARD 7250 METRO BOULEVARD MINNEAPOLIS MIN 55439-2138 MINNEAPOLIS MIN 55439-212			28			
					<ol> <li>Date Incorporated or Qualified 08/09/1994</li> </ol>	3a. Date of Last Report 04/09/1996
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		41-0956506	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	****		5. Certificate of Status Desired	\$8.75 Additional
		(27)	d			Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zin	Zip         Country         Zip		p Country		This corporation has liability for	
24	25	· · ·	30	,		Yes No
	9. Name and Address of Curren			·	10. Name and Address of New Re	
C T CORPORATION SYSTEM				Name		
1200 SOUTH PINE ISLAND ROAD			8	2 Street Add	ress (P.O. Box Number is Not Acceptate	yle)
PLANTATION FL 33324					Tool (1.5. Box Hornor III Hornocopius	707
			8	3		
			8	4 City		85 Zip Code
		4				
office or ri agent. I ai	to the provisions of Sections 607 050; egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was a	uthorized I	by the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	outpose of changing its registered of the appointment as registered
SIGNATURE	Sagnumine: Cypicifical printed frame of registered agen	rt and little if applicable (NOTE	: Registered A	gent signature requi	red when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE			Change Addition
NAME	NOBLE, JOHN		1.2 NAMI			
STREET ADDRESS			1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	WAYZATA MN	D ociete	1.4 CITY			
TITLE	P DAUL ADT	L] DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	Dahl, art 485 vixen Rd.		2.2 NAMI	ļ		
STREET ADDRESS	WAYZATA MN		•	ET ADDRESS	•	· · ·
DILF	TS	DELETE	2. 4 CITY 3.1 TITLE			Change Addition
NAME	PRZYTARSKI, ROGER	La pecere	3.1 HILE 3.2 NAM			Fire Now Ma Fill Manufull
STREET ADDRESS	14900 1ST AVENUE SOUTH			ET ADDRESS		
CITY ST ZIP	BURNSVILLE MN		3.4. CITY	ì		
TITLE	D	DELETE	4.1 TITLE			Change Addition
NAME	NOBLE, PETER T		4. 2 NAM	E		- '
STREET ADDRESS	1772 SHOREWOOD LANE		4.3 STRE	ET ADDRESS		
CHY-ST-7IP	MOUNT MN		4.4 CITY	-\$T-ZIP		
TITLE	D	DELETE	5.1 TITLE			Change Addition
NAME	NOBLE, CLIFFORD		5.2 NAM	E		
STREET ADORESS	1661 BRUNSWICK AVE S		5.3 STRE	ET ADDRESS		
CHY-ST-20°	ST LOUIS PARK MN		5.4 CITY	~	***************************************	
THILE	D	☐ DELETE	6.1 TITLE			Change Addition
NAME	NOBLE, JACK C		6.2 NAM	E		
STREET ADDRESS	7651 NICHOLAS WAY		63 STRE	et address		
CITY-ST-ZIF	CHANHASSEN MN	1 20 at 1 for 1	64 CITY		d in Continu 110 07/0V/). Florido Statute	17.0

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 agmission profits and 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 if Block 13 if chapted, or on an abachment with an address.

SIGNATURE:

ROSET Prz

2-5-97

(612) 921-3700