

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004127 (6)

1. Corporation Name
NORTHWESTERN TRAVEL SERVICE, INC.

Principal Place of Business
7250 METRO BOULEVARD
MINNEAPOLIS MN 55439-2138

Mailing Address
7250 METRO BOULEVARD
MINNEAPOLIS MN 55439-2138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1994	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 41-0956506		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
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
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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD NOBLE, JOHN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18255 CEDARHURST	1.2 NAME	
STREET ADDRESS	WAYZATA MN	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P DAHL, ART	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	485 VIXEN RD.	2.2 NAME	
STREET ADDRESS	WAYZATA MN	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TS PRZYTARSKI, ROGER	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14900 1ST AVENUE SOUTH	3.2 NAME	
STREET ADDRESS	BURNSVILLE MN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D NOBLE, PETER T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1772 SHOREWOOD LANE	4.2 NAME	
STREET ADDRESS	MOUNT MN	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D NOBLE, CLIFFORD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1681 BRUNSWICK AVE S	5.2 NAME	
STREET ADDRESS	ST LOUIS PARK MN	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D NOBLE, JACK C	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7851 NICHOLAS WAY	6.2 NAME	
STREET ADDRESS	CHANHASSEN MN	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 or changed, or on an attachment with an address.

SIGNATURE:

Roger Przytarski, Officer 3/25/98 (612)921-3700

CR2E034 (10/97)