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FILED
Apr 21 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 # F94000006053 (2)

1. Corporation Name
NORDIC WARE DIRECT, INC.



Principal Place of Business
5005 HIGHWAY 7
ST. LOUIS PARK MN 55416

Mailing Address
5005 HIGHWAY 7
ST. LOUIS PARK MN 55416-2256

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
04/17/1996

| | | | | | |
|---|--|--|--|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 41-1794158 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 |
|---|--|--|--|--|---|

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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

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 File # if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-------------------------|--------|--|---|--------|----------|--|
| TITLE | COBD | DELETE | | 1.1 TITLE | Change | Addition | |
| NAME | DALQUIST, H. DAVID | | | 1.2 NAME | | | |
| STREET ADDRESS | 5005 HIGHWAY 7 | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. LOUIS PARK MN 55416 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | PD | DELETE | | 2.1 TITLE | Change | Addition | |
| NAME | DALQUIST, H. DAVID III | | | 2.2 NAME | | | |
| STREET ADDRESS | 5005 HIGHWAY 7 | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. LOUIS PARK MN 55416 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | TSD | DELETE | | 3.1 TITLE | Change | Addition | |
| NAME | DALQUIST, DOROTHY | | | 3.2 NAME | | | |
| STREET ADDRESS | 5005 HIGHWAY 7 | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. LOUIS PARK MN 55416 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | D | DELETE | | 4.1 TITLE | Change | Addition | |
| NAME | BRUST, SUSAN | | | 4.2 NAME | | | |
| STREET ADDRESS | 5005 HIGHWAY 7 | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. LOUIS PARK MN 55416 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | DELETE | | 5.1 TITLE | Change | Addition | |
| NAME | LYNCH, CORRINE | | | 5.2 NAME | | | |
| STREET ADDRESS | 5005 HIGHWAY 7 | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. LOUIS PARK MN 55416 | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | | 6.1 TITLE | Change | Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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. I changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (9/96)