

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

FILED

**Feb 20 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 # F95000000289 (7)
1. Corporation Name
AMERICAN EXPRESS TAX AND BUSINESS SERVICES INC.



Principal Place of Business: **IDS TOWER 10 MINNEAPOLIS MN 55440**
Mailing Address: **IDS TOWER 10 MINNEAPOLIS MN 55402-2100**

3. Date Incorporated or Qualified: **01/19/1995** 3a. Date of Last Report: **02/07/1996**
4. FEI Number: **41-1795707** 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**
6. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: State, Apt. #, etc.
22: City & State
23: Zip, Country
24: Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S 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 607.1608, 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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BASTEN, ROBERT C	
STREET ADDRESS	IDS TOWER 10	
CITY, ST, ZIP	MINNEAPOLIS MN 55440	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ERNST, MARK A	
STREET ADDRESS	IDS TOWER 10	
CITY, ST, ZIP	MINNEAPOLIS MN 55440	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MEEHAN, TIMOTHY	
STREET ADDRESS	IDS TOWER 10	
CITY, ST, ZIP	MINNEAPOLIS MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, JAMES A	
STREET ADDRESS	IDS TOWER 10	
CITY, ST, ZIP	MINNEAPOLIS MN 55440	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	ANDRUSS, NYLA F	
STREET ADDRESS	IDS TOWER 10	
CITY, ST, ZIP	MINNEAPOLIS MN 55440	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	AQUILA, AUGUST	
STREET ADDRESS	IDS TOWER 10	
CITY, ST, ZIP	MINNEAPOLIS MN 55440	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AT ASSISTANT TREASURER
6.3 STREET ADDRESS	STEVEN J. RITTER
6.4 CITY - ST - ZIP	12151 JONQUIL ST. NW COON RAPIDS, MN 55433

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: *Steven J. Ritter* **Steven J. Ritter** 2/6/97 (612)671-2461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Assistant Treasurer

CR2E034 (9/96)