

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

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 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

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 of the person named registered agent (Not applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	DP BASTEN, ROBERT C	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	IDS TOWER 10	
12.3	CITY - ST - ZIP	MINNEAPOLIS MN 55440	
12.4	NAME	DC ERNST, MARK A	<input type="checkbox"/> DELETE
12.5	STREET ADDRESS	IDS TOWER 10	
12.6	CITY - ST - ZIP	MINNEAPOLIS MN 55440	
12.7	NAME	S MEEHAN, TIMOTHY	<input type="checkbox"/> DELETE
12.8	STREET ADDRESS	IDS TOWER 10	
12.9	CITY - ST - ZIP	MINNEAPOLIS MN	
12.10	NAME	D MITCHELL, JAMES A	<input type="checkbox"/> DELETE
12.11	STREET ADDRESS	IDS TOWER 10	
12.12	CITY - ST - ZIP	MINNEAPOLIS MN 55440	
12.13	NAME	VCFO ANDRUSS, NYLA F	<input type="checkbox"/> DELETE
12.14	STREET ADDRESS	IDS TOWER 10	
12.15	CITY - ST - ZIP	MINNEAPOLIS MN 55440	
12.16	NAME	V AQUILA, AUGUST	<input checked="" type="checkbox"/> DELETE
12.17	STREET ADDRESS	IDS TOWER 10	
12.18	CITY - ST - ZIP	MINNEAPOLIS MN 55440	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	2.2 NAME	
13.7	2.3 STREET ADDRESS	
13.8	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	3.2 NAME	
13.11	3.3 STREET ADDRESS	
13.12	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	4.2 NAME	
13.15	4.3 STREET ADDRESS	
13.16	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	5.2 NAME	
13.19	5.3 STREET ADDRESS	
13.20	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.21	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.22	6.2 NAME	AT ASSISTANT TREASURER
13.23	6.3 STREET ADDRESS	STEVEN J. RITTER
13.24	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

Assistant Treasurer

Date

Daytime Phone

CR2E034 (9/96)