

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

FILED

Jan 30 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000001494 (2)

1. Corporation Name:

FBS INFORMATION SERVICES CORPORATION



Principal Place of Business:

601 SECOND AVENUE SOUTH  
MINNEAPOLIS MN 55402

Mailing Address:

601 SECOND AVENUE SOUTH  
MINNEAPOLIS MN 55402-4303

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number

41-0880291

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 607.0532 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

Signatures of Agent for printed name of registered agent, if not filed applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HEASLEY, PHILIP G	
STREET ADDRESS	601 SECOND AVENUE SOUTH	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SANDVIK, TERRENCE P	
STREET ADDRESS	1200 ENERGY PARK DRIVE	
CITY - ST - ZIP	ST PAUL MN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PARRIN, DAVID J	
STREET ADDRESS	601 SECOND AVENUE SOUTH	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STOCKMAN, MARY J	
STREET ADDRESS	601 SECOND AVENUE SOUTH	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRADY, MARYBETH	
STREET ADDRESS	601 SECOND AVENUE SOUTH	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUSSELMAIER, JOHN L	
STREET ADDRESS	918 17TH STREET	
CITY - ST - ZIP	DENVER CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chosy, James L.	
1.3 STREET ADDRESS	601 Second Avenue South	
1.4 CITY - ST - ZIP	Minneapolis, MN 55402	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Schoen, Alan L.	
2.3 STREET ADDRESS	1200 Energy Park Drive	
2.4 CITY - ST - ZIP	St. Paul, MN 55108	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Schmitt, Ann L.	
3.3 STREET ADDRESS	950 17th Street	
3.4 CITY - ST - ZIP	Denver, CO 80202	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gary L. Hodge	
4.3 STREET ADDRESS	1200 Energy Park Drive	
4.4 CITY - ST - ZIP	St. Paul, MN 55108	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 included 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 record 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:

James L. Chosy, Secretary

January 8, 1997 612-973-0359

Date

Daytime Phone #

0480892

CR2E034 (9/96)