

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002741 (5)**

1. Corporation Name

MINNESOTA ARCHITECTURAL ALLIANCE, INC.



Principal Place of Business

Mailing Address

400 CLIFTON AVE., S.
MINNEAPOLIS MN 55403

400 CLIFTON AVE., S.
MINNEAPOLIS MN 55403

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 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

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 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	PDC	<input type="checkbox"/> DELETE
NAME	DE ANGELO, THOMAS J	
STREET ADDRESS	400 CLIFTON AVE., S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55403	
TITLE	VDC	<input type="checkbox"/> DELETE
NAME	LA FRANCE, DENNIS W	
STREET ADDRESS	400 CLIFTON AVE., S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55403	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REMICK, CARL J JR	
STREET ADDRESS	400 CLIFTON AVE., S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55403	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAMMER, DONALD L	
STREET ADDRESS	400 CLIFTON AVE., S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55403	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ELLSWORTH, CYNTHIA L	
STREET ADDRESS	400 CLIFTON AVE., S.	
CITY-ST-ZIP	MINNEAPOLIS MN 55403	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Cynthia L. Ellsworth* **Cynthia L. Ellsworth, Sec. & Treas. 4/29/96 612/871-5703**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)