

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

**FILED**  
**Apr 29 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 # F95000003846 (1)**

1. Corporation Name  
**VC MANAGEMENT CORP.**



Principal Place of Business

Mailing Address

**1300 NICOLLET MALL  
 SUITE 4060 B  
 MINNEAPOLIS MN 55403  
 US**

**13  
 1209 ORANGE ST.  
 WILMINGTON DE 19801-1120  
 US**

3. Date Incorporated or Qualified <b>08/09/1995</b>	3a. Date of Last Report <b>06/18/1996</b>
4. FEI Number <b>41-1813331</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 607.0502 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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D (Observer Status)</b>	<input type="checkbox"/> DELETE
NAME	<b>HILLIGOSS, JEFFREY A</b>	
STREET ADDRESS	<b>8000 CLEARWATER DRIVE</b>	
CITY-ST-ZIP	<b>MINEONKA MN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PUGLISI, DONALD</b>	
STREET ADDRESS	<b>1500 CASHO MILL ROAD</b>	
CITY-ST-ZIP	<b>NEWARD DE</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MOE, PAUL J</b>	
STREET ADDRESS	<b>1300 NICOLLET AVE., STE. 4060</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55403</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>SNOW, MICHAEL L</b>	
STREET ADDRESS	<b>3300 NORWEST CENTER</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55402</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMON, ROBERT</b>	
STREET ADDRESS	<b>1300 NICOLLET MALL, STE. 4060</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55403</b>	
TITLE	<b>D (Observer Status)</b>	<input type="checkbox"/> DELETE
NAME	<b>GUNDERSON, JODY A</b>	
STREET ADDRESS	<b>2925 DEAN PARKWAY</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55416</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>MOE, Robert A.</b>	
13 STREET ADDRESS	<b>1300 Nicollet Ave. Ste. 4060</b>	
14 CITY-ST-ZIP	<b>Minneapolis MN 55403</b>	
21 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Overton B. Parrish, Jr.</b>	
23 STREET ADDRESS	<b>919 Michigan Ave. Ste. 2208</b>	
24 CITY-ST-ZIP	<b>Chicago, IL 60611</b>	
31 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Drew S. Backstrand</b>	
33 STREET ADDRESS	<b>1300 Nicollet Ave. Ste. 4060</b>	
34 CITY-ST-ZIP	<b>Minneapolis MN 55403</b>	
41 TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Robert Simon</b>	
43 STREET ADDRESS	<b>1300 Nicollet Mall, Ste. 4060</b>	
44 CITY-ST-ZIP	<b>Minneapolis MN 55403</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(f), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Drew S. Backstrand* Secretary 4/11/97 112/333-8773

CP2E034 (9/96)