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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # **F95000005512 (7)**

1. Corporation Name
QAI, INC.

Principal Place of Business	Mailing Address
28 WEST 5TH ST., SUITE 480 ST. PAUL MN 55102	28 WEST 5TH ST., SUITE 480 ST. PAUL MN 55102

3. Date Incorporated or Qualified: **11/13/1995** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 386 N. Wabasha	26 386 N. Wabasha
Suite, Apt. #, etc. 22 1560	Suite, Apt. #, etc. 27 1550
City & State 23 St. Paul MN	City & State 28 St. Paul MN
Zip 24 55102 Country 25	Zip 29 55102 Country 30

4. FEI Number: **41-1709144** ☐ 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

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, and title of person signing on behalf of corporation) (Name of New Registered Agent's person authorized to sign) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC BAER, ELAM 28 WEST 5TH ST., SUITE 480 ST. PAUL MN 55102	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 386 N. Wabasha, Suite 1550
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCS GRUNSETH, VICTORIA 28 WEST 5TH ST., SUITE 480 ST. PAUL MN 55102	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 386 N. Wabasha, Suite 1550
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, JEFF 3401 4TH AVE. N. SIOUX FALLS SD 57104	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 386 N. Wabasha, Ste. 1550
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLS, MARK 222 S. 9TH ST., 16TH FLOOR MINNEAPOLIS MN 55402	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 386 N. Wabasha, Suite 1550
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Victoria Grunseth VICTORIA GRUNSETH 4/17/96 6122221501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #