

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # **F95000005512 (7)**

1. Corporation Name

QAI, INC.



Principal Place of Business

**386 N. WABASHA
1550
ST PAUL MN 55102
US**

Mailing Address

**386 N. WABASHA
1550
ST. PAUL MN 55102-1308
US**

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

04/23/1996

4. FEI Number

41-1708144

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

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

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 type - or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re/instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC** ☐ DELETE

NAME **BAER, ELAM**
STREET ADDRESS **386 N. WABASHA, SUITE 1550**
CITY-ST-ZIP **ST. PAUL MN**

TITLE **VCS** ☐ DELETE

NAME **GRUNSETH, VICTORIA**
STREET ADDRESS **386 N. WABASHA, SUITE 1550**
CITY-ST-ZIP **ST. PAUL MN**

TITLE **D** ☐ DELETE

NAME **GREEN, JEFF**
STREET ADDRESS **386 N. WABASHA, SUITE 1550**
CITY-ST-ZIP **SIOUX FALLS SD**

TITLE **D** ☒ DELETE

NAME **NICHOLS, MARK**
STREET ADDRESS **386 N. WABASHA, SUITE 1550**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **[Signature]** ☐ DELETE

NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D Chris Longky**
1.3 STREET ADDRESS **386 N. Wabasha, Ste. 1550**
1.4 CITY-ST-ZIP **St. Paul, MN 55102**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D John Dennis**
2.3 STREET ADDRESS **386 N. Wabasha Ste. 1550**
2.4 CITY-ST-ZIP **St. Paul, MN 55102**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

612-222-1501

Date

Daytime Phone #

CR2E034 (9/96)