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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF COAPORATIONS

DOCUMENT # F9600001514 (6)
1. Corporation Name

ALLIED INTERSTATE, INC.

Principal Place of Business 435 FORD RD Mailing Address

PO BOX 1471

FILED Jan 30 1998 8:00am Secretary of State



800 INTERCHANGE WEST	MINNEAPOLIS MN 55440				DO MOTIVIDITE IN THIS	00105	_	
MINNEAPOLIS MN 55426					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualified 03/25/1996			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			
					41-0919488	\vdash	Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					4 1709 19400	- 40 -	Not Applicable	
					5. Certificate of Status Desired		5 Additional Required	
22								
 , '					6. Election Campaign Financing		00 May Be	
Zip Country	Zip Country				Trust Fund Contribution		ed to Fees	
¬ '	Zip Country				8. This corporation owes or has paid the cur			
24 25 9. Name and Address of Curren	29				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	it Registered Agent		81 N	Vame	10. Name and Address of New Registered	agent		
C T CORPORATION SYSTEM			"	varrie				
1200 SOUTH PINE ISLAND ROAD			82 Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324								
			83					
			84 C	Sity	FL	85 Z	ip 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with a familiar with								
office or registered agent, or both, in the State	of Florida, Such change was a	authorized	by the	e corporation	n's board of directors. I hereby accept the app	ointment	as registered	
	Polis of, Section 607.0505, Pic	Jida Stati	ules.	A 1A -	- 1 (6/1	a < c		
SIGNATURE Signature, typed or printed name of registered age	ANOTE IN THE PROPERTY OF THE P	G: Dagietorod	NO.		4.2 (8) When reinstating) DATE	<u>40</u>		
12. OFFICERS AND		13.	/ Agorican	grature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE P	☐ DELETE	1.1 TIT	LE		<u> </u>	Chang		
NAME LEWIS, DOUGLAS J	1.2 N			1			,	
STREET ADDRESS 4830 YORKTOWN LANE			reet add	NDECCO				
CHTY-ST-ZIP PLYMOUTH MN 55441								
TITLE V	DELETE 2.1 TI		Y-\$T-ZII	P		Chang	e Addition	
	LEUGE DENNIE E					☐ Otlant		
44700 SATU AND M	11700 SATU AVE. M		2.2 NAME					
DI VRACITTA MAN EE 440	PLYMOUTH MN 55442		2.3 STREET ADDRESS				ŀ	
6111-51-24			2. 4 CITY-ST-ZIP 3.1 TITLE			7 05		
***************************************	MUELLER-LEHTINEN, DAWN					Chang	je 🔝 Addition	
44500 0001 415	44500 0001 435							
DI VIAOLITI LAN EE AAS			reet add				}	
CITY-ST-ZIP PLYMOUTH MN 55441	3.4		TY - ST - ZI	IP				
TITLE	☐ DELETE	4.1 TIT				L Chang	je 🔲 Addition	
NAME		4. 2 NA	ME					
STREET ADDRESS		4.3 STA	REET ADDI	RESS				
CITY-ST-ZIP		4.4 CIT	Y-ST-ZIF	<u> </u>				
TITLE	☐ DELETE	5.1 TITLE				☐ Chang	e	
NAME		5.2 NA	ME				ļ	
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CiTY-ST-ZIP		5.4 CIT	Y-ST-ZIF	p				
TITLE	☐ DELETE	6.1 TIT				Chang	e 🔲 Addition	
NAME		6.2 NA	ME					
STREET ADDRESS		6.3 STR	EET ADDI	RESS			İ	
CITY-SI-ZIP			Y-ST-ZIF					
14. I hereby certify that the information supplied wi	th this filing does not qualify fo				ection 119.07(3)(i), Florida Statutes. I further cer	tify that !	he information	

14. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. Turther certify that the information indicated on this annual report or suppliemental 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:

TUR COUNTRE BUT RUIS IN

1/8/98 612-546-6600