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Feb 27, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000003986

1. Corporation Name  
CITIZENS' SCHOLARSHIP FOUNDATION OF AMERICA, INC

Principal Place of Business  
7600 PARKLAWN #248  
MINNEAPOLIS MN 55345-5128

Mailing Address  
7600 PARKLAWN #248  
MINNEAPOLIS MN 55345-5128



2. Principal Place of Business  
21 7703 Normandale Rd, #110  
22 Suite, Apt. #, etc.  
23 City & State: Minneapolis, MN  
24 Zip: 55435-5314 25 Country

2a. Mailing Address  
26 7703 Normandale Rd, #110  
27 Suite, Apt. #, etc.  
28 City & State: Minneapolis, MN  
29 Zip: 55435-5314 30 Country

3. Date Incorporated or Qualified  
08/02/1996

4. FEI Number  
04-2296967  
Applied For:  Not Applicable:

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Added to Fees  
Trust Fund Contribution

9. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DC <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTNAM, J STEPHEN	1.2 NAME	Patrick J. Ellingsworth
STREET ADDRESS	880 CARILLON PKWY	1.3 STREET ADDRESS	515 S. Flower St, AP 5063
CITY-ST-ZIP	ST PETERSBURG FL 33733-2749	1.4 CITY-ST-ZIP	Los Angeles, CA 90071
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSEN, WILLIAM C DR	2.2 NAME	
STREET ADDRESS	1505 RIVERVIEW RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETER MN 56082	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGENSEN, NELSEN	3.2 NAME	Jorgensen, Dan
STREET ADDRESS	76090 PARKLAWN AVE, #248	3.3 STREET ADDRESS	7703 Normandale Rd, #110
CITY-ST-ZIP	MINNEAPOLIS MN 55435	3.4 CITY-ST-ZIP	Minneapolis, MN 55435-5314
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEL, FRED P	4.2 NAME	
STREET ADDRESS	1505 RIVERVIEW RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETER MN 56082	4.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLOCK, ELLIS F JR	5.2 NAME	VPD
STREET ADDRESS	7600 PARKLAWN # 248	5.3 STREET ADDRESS	(Position to be filled early 1999)
CITY-ST-ZIP	MINNEAPOLIS MN 55435	5.4 CITY-ST-ZIP	7703 Normandale Rd, #110 Minneapolis, MN 55435-5314
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BETTY	6.2 NAME	
STREET ADDRESS	10 PARK PLACE, STE 24, C/O FALTON CO HOUSE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30303	6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fred P Vogel SIGNATURE REQUIRED: Fred P Vogel, Executive Vice President 1/14/99 507-931-0405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)