

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90199 048 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000004095**
 1. Corporation Name  
**ACTVAR, INC.**

 Principal Place of Business  
 7808 CREEKRIDGE CIRCLE, SUITE 200  
 EDINA MN 55439

 Mailing Address  
 7808 CREEKRIDGE CIRCLE, SUITE 200  
 EDINA MN 55439

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	41-1335237	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

 DUNN, ROBERT J  
 5758 CORPORATION CIRCLE  
 FORT MYERS FL 33905

10. Name and Address of New Registered Agent

 81 Name **JOHN BAKER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **5758 CORPORATION CIRCLE**  
 84 City **FORT MYERS** FL 85 Zip Code **33905**

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 *John Baker* **JOHN BAKER General Manager 5-3-99** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMARA, RICHARD F	1.2 NAME	
STREET ADDRESS	7808 CREEKRIDGE CIRCLE #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55439	1.4 CITY-ST-ZIP	
TITLE	WVC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, ROBERT J	2.2 NAME	
STREET ADDRESS	7808 CREEKRIDGE CIRCLE #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55439	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISSNER, JAMES L	3.2 NAME	
STREET ADDRESS	7808 CREEKRIDGE CIRCLE #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55439	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: *J.L. Reissner* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**J.L. REISSNER**

 4/6/99 (612) 944-3533  
 Date Daytime Phone #

CR2F034 (1/98)