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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004287 (6)

1. Corporation Name
U.S. RECOGNITION INC.



Principal Place of Business

405 SW 5TH ST
CORP TAX MS 122481
DES MOINES IA 50328

Mailing Address

405 SW 5TH ST
CORP TAX MS 122481
DES MOINES IA 50309-4800

2. Principal Place of Business

21 100 Washington Sq

Suite, Apt. #, etc.

22 Suite 1000

City & State

23 Minneapolis, MN

Zip

24 55401

Country

2a. Mailing Address

26 100 Washington Sq.

Suite, Apt. #, etc.

27 Suite 1000

City & State

28 Minneapolis, MN

Zip

29 55401

Country

30

3. Date Incorporated or Qualified

08/13/1996

3a. Date of Last Report

4. FEI Number

22-2930153

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

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	KELLER, MICHAEL J	
STREET ADDRESS	405 SW 5TH ST., CORP TAX MS 122481	
CITY-ST-ZIP	DES MOINES IA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GLEASON, CHRISTEN M	
STREET ADDRESS	405 SW 5TH ST., CORP TAX MS 122481	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	JONES, ALTA	
STREET ADDRESS	405 SW 5TH ST., CORP TAX MS 122481	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	MORRISON, STEPHEN D	
STREET ADDRESS	405 SW 5TH ST., CORP TAX MS 122481	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NALYQAYKO, MARIA	
STREET ADDRESS	405 SW 5TH ST., CORP TAX MS 122481	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DEMRO, JOHN C	
STREET ADDRESS	405 SW 5TH ST., CORP TAX MS 122481	
CITY-ST-ZIP	DES MOINES IA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas Gregorich	
1.3 STREET ADDRESS	100 Washington Sq. #1000	
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Walter Cohen	
2.3 STREET ADDRESS	100 Washington Sq. #1000	
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Anne McDonald	
3.3 STREET ADDRESS	100 Washington Sq. #1000	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/97

Date

Daytime Phone #

CR2E034 (9/96)