


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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006167 (8)**

1. Corporation Name
LIFETOUCH DEVELOPMENT INC.

Principal Place of Business 7831 GLENROY ROAD, SUITE 400 MINNEAPOLIS MN 55439	Mailing Address 7831 GLENROY ROAD, SUITE 400 MINNEAPOLIS MN 55439
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1996	
4. FEI Number 41-1787131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 11000 Viking Dr. Suite, Apt. #, etc. 22 Suite 480 City & State 23 Eden Prairie, MN Zip 24 55344-7245 Country 25 USA	2a. Mailing Address 26 11000 Viking Dr. Suite, Apt. #, etc. 27 Suite 480 City & State 28 Eden Prairie, MN Zip 29 55344-7245 Country 30 USA
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9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CEO <input checked="" type="checkbox"/> DELETE
NAME	ERICKSON, RICHARD P
STREET ADDRESS	8500 NORMANDALE LAKE BLVD. SUITE 1650
CITY-ST-ZIP	BLOOMINGTON MN 55437
TITLE	PCOO <input type="checkbox"/> DELETE
NAME	HARMEL, PAUL
STREET ADDRESS	7831 GLENROY ROAD, SUITE 400
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	CFO <input type="checkbox"/> DELETE
NAME	PLADSON, RANDOLPH J
STREET ADDRESS	7831 GLENROY ROAD, SUITE 400
CITY-ST-ZIP	MINNEAPOLIS MN 55439
TITLE	V <input type="checkbox"/> DELETE
NAME	HASSEL, RICHARD
STREET ADDRESS	7831 GLENROY ROAD, SUITE 335
CITY-ST-ZIP	MINNEAPOLIS MN 55439
TITLE	V <input type="checkbox"/> DELETE
NAME	SEGALL, JOHN
STREET ADDRESS	7831 GLENROY ROAD, SUITE 400
CITY-ST-ZIP	MINNEAPOLIS MN 55439
TITLE	S <input type="checkbox"/> DELETE
NAME	TREUCHEL, ROBERT H
STREET ADDRESS	8500 NORMANDALE LAKE BLVD., SUITE 1650
CITY-ST-ZIP	BLOOMINGTON MN 55437

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President and CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harmel, Paul
1.3 STREET ADDRESS	11000 Viking Dr., Ste. 400
1.4 CITY-ST-ZIP	Eden Prairie, MN 55344-7242
2.1 TITLE	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pladson, Randolph J.
2.3 STREET ADDRESS	11000 Viking Dr., Ste. 400
2.4 CITY-ST-ZIP	Eden Prairie, MN 55344-7242
3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hassel, Richard
3.3 STREET ADDRESS	11000 Viking Dr., Ste. 400
3.4 CITY-ST-ZIP	Eden Prairie, MN 55344-7242
4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Segall, John
4.3 STREET ADDRESS	11000 Viking Dr., Ste. 480
4.4 CITY-ST-ZIP	Eden Prairie, MN 55344-7245
5.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Treuchel, Robert H.
5.3 STREET ADDRESS	8500 Normandale Lake Blvd., Suite 1650
5.4 CITY-ST-ZIP	Bloomington, MN 55437

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.

SIGNATURE: _____ **1/13/98** **612-826-4000**

CR2E034 (10/97)