

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000003287 (6)

1. Corporation Name

MILLER, JOHNSON & KUEHN, INCORPORATED



Principal Place of Business

5500 WAYZATA BLVD., SUITE 800  
MINNEAPOLIS MN 55416

Mailing Address

5500 WAYZATA BLVD., SUITE 800  
MINNEAPOLIS MN 55416

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1997

4. FEI Number

41-1394724

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 CEO  
NAME MILLER, ELTON C  
STREET ADDRESS 5500 WAYZATA BLVD, SUITE 800  
CITY-ST-ZIP MINNEAPOLIS MN 55416

DELETE

TITLE PD  
NAME KUEHN, PAUL R  
STREET ADDRESS 5500 WAYZATA BLVD, SUITE 800  
CITY-ST-ZIP MINNEAPOLIS MN 55416

DELETE

TITLE EVD  
NAME JOHNSON, DAVID B  
STREET ADDRESS 5500 WAYZATA BLVD, SUITE 800  
CITY-ST-ZIP MINNEAPOLIS MN 55416

DELETE

TITLE EVD  
NAME RAHM, STANLEY D  
STREET ADDRESS 5500 WAYZATA BLVD, SUITE 800  
CITY-ST-ZIP MINNEAPOLIS MN 55416

DELETE

TITLE S  
NAME COLTON, PHILIP T  
STREET ADDRESS 2000 MIDWEST PLZ BLDG W, 801 NICOLLET MALL  
CITY-ST-ZIP MINNEAPOLIS MN 55402

DELETE

TITLE VAS  
NAME RINGHEIM, HERBERT M  
STREET ADDRESS 5500 WAYZATA BLVD SUITE 800  
CITY-ST-ZIP MINNEAPOLIS MN 55416

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: Herbert M. Ringheim 9/12/98 (612) 542-3557

CR2E034 (5/98)