

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 18, 1999 8:00 am
Secretary of State

02-18-1999 90129 050 ***150.00

DOCUMENT # F97000003287

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

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

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

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

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

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

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Herbert M. Ringheim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)