

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # F97000004182 (8)

1. Corporation Name

BENSON-QUINN COMPANY



Principal Place of Business

**301 SO FOURTH AVE STE 1075
PO BOX 15226
MINNEAPOLIS MN 55415-0226**

Mailing Address

**301 SO FOURTH AVE STE 1075
PO BOX 15226
MINNEAPOLIS MN 55415-0226**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1997

4. FEI Number

41-0146910

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.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 **4666 FARIES PARKWAY**

27 Suite, Apt. #, etc.

28 **DECATUR IL 62526**

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
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** ☐ DELETE
NAME **KRAFT, B D**
STREET ADDRESS **4666 FARIES PRKWY PO BOX 1470**
CITY-ST-ZIP **DECATUR IL 62526-5666**

TITLE **VD** ☐ DELETE
NAME **BATCHELDER, L**
STREET ADDRESS **4666 FARIES PRKWY PO BOX 1470**
CITY-ST-ZIP **DECATUR IL 62526-5666**

TITLE **PD** ☐ DELETE
NAME **NEUMANN, L N**
STREET ADDRESS **4666 FARIES PRKWY PO BOX 1470**
CITY-ST-ZIP **DECATUR IL 62526-5666**

TITLE **S** ☐ DELETE
NAME **SMITH, DAVID J**
STREET ADDRESS **4666 FARIES PRKWY PO BOX 1470**
CITY-ST-ZIP **DECATUR IL 62526-5666**

TITLE **T** ☐ DELETE
NAME **SAVRE, PAUL**
STREET ADDRESS **301 SO FOURTH AVE STE 1075 PO BOX 15226**
CITY-ST-ZIP **MINNEAPOLIS MN 55415-0226**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

CR2E034 (5/98)

9/21/98 217/424-5332