

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90266 026 ***150.00

DOCUMENT # F97000004182

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

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
21 Suite, Apt. #, etc.

2a. Mailing Address
26 **Tax Dept.**
27 **4666 Faries Parkway**

City & State
23
Zip Country
24 **25**

City & State
28 **Decatur, IL. 62526**
Zip Country
29 **62526** **30** **USA**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
C	KRAFT, B D	4666 FARIES PRKWY PO BOX 1470	DECATUR IL 62526-5666	
VD	BATCHELDER, L	4666 FARIES PRKWY PO BOX 1470	DECATUR IL 62526-5666	
PD	NEUMANN, L N	4666 FARIES PRKWY PO BOX 1470	DECATUR IL 62526-5666	
S	SMITH, DAVID J	4666 FARIES PRKWY PO BOX 1470	DECATUR IL 62526-5666	
T	SAVRE, PAUL	301 SO FOURTH AVE STE 1075 PO BOX 15226	MINNEAPOLIS MN 55415-0226	
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID J. Smith**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 217-424-4387

Date Daytime Phone #

CR2E034 (11/98)