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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # F98000003758

1. Corporation Name
HTW INVESTMENT PARTNERS, INC.



Principal Place of Business: 527 MARQUETTE AVE., SUITE 100 MINNEAPOLIS MN 55402
Mailing Address: 527 MARQUETTE AVE., SUITE 100 MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1998
4. FEI Number: 41-1773350
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

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, 83, 84 City, 85 Zip Code (FL)

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HAUSER, RICHARD	1.1 TITLE	
NAME	527 MARQUETTE AVE., SUITE 100	1.2 NAME	
STREET ADDRESS	MINNEAPOLIS MN 55402	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WOZNIAK, DANIEL D JR.	2.1 TITLE	
NAME	527 MARQUETTE AVE., SUITE 100	2.2 NAME	
STREET ADDRESS	MINNEAPOLIS MN 55402	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD TRAUTZ, JOHN C	3.1 TITLE	
NAME	527 MARQUETTE AVE., SUITE 100	3.2 NAME	
STREET ADDRESS	MINNEAPOLIS MN 55402	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD DRIESSEN, VINCENT J	4.1 TITLE	
NAME	527 MARQUETTE AVE., SUITE 100	4.2 NAME	
STREET ADDRESS	MINNEAPOLIS MN 55402	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS MARTIN, KATHLEEN M	5.1 TITLE	
NAME	901 MARQUETTE AVE. #1500	5.2 NAME	
STREET ADDRESS	MINNEAPOLIS MN 55402	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AS BAZELLA, CARRIE L	6.1 TITLE	
NAME	901 MARQUETTE AVE. #1500	6.2 NAME	
STREET ADDRESS	MINNEAPOLIS MN 55402	6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ DATE: 1-6-99 DAYTIME PHONE: 612 313 0103

CR2E034 (11/98)