FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G26143** **(9)**

1. Corporation Name
CAC MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
75 VALENCIA AVE. CORAL GABLES FL 33134	75 VALENCIA AVE. CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **02/24/1983**
3a. Date of Last Report: **05/20/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2287153** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director ☒ Change ☐ Addition
NAME	~~EVANS, PETER~~	1.2 NAME	William W. McGuire MD
STREET ADDRESS	~~75 VALENCIA AVENUE~~	1.3 STREET ADDRESS	9900 Bren Road East
CITY-ST-ZIP	~~CORAL GABLES FL~~	1.4 CITY-ST-ZIP	Minnetonka MN 55343
TITLE	STV	2.1 TITLE	Secretary ☐ Change ☐ Addition
NAME	~~NOONAN, RAYMOND E~~	2.2 NAME	Brigid M. Spicola
STREET ADDRESS	~~75 VALENCIA AVENUE~~	2.3 STREET ADDRESS	9900 Bren Road East
CITY-ST-ZIP	~~CORAL GABLES FL~~	2.4 CITY-ST-ZIP	Minnetonka MN 55343
TITLE	D	3.1 TITLE	Director ☒ Change ☐ Addition
NAME	~~BROWNE, GREGORY E~~	3.2 NAME	David P. Koppe
STREET ADDRESS	~~75 VALENCIA AVENUE~~	3.3 STREET ADDRESS	9900 Bren Road East
CITY-ST-ZIP	~~CORAL GABLES FL~~	3.4 CITY-ST-ZIP	Minnetonka MN 55343
TITLE	~~PD~~	4.1 TITLE	☐ Change ☐ Addition
NAME	LAMELA, LUIS E	4.2 NAME	
STREET ADDRESS	75 VALENCIA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	~~CFOV~~	5.1 TITLE	Executive Vice President ☒ Change ☐ Addition
NAME	~~ABOOD, JOSEPH P~~	5.2 NAME	Jeannine M. Rivet
STREET ADDRESS	~~75 VALENCIA AVENUE~~	5.3 STREET ADDRESS	5901 Lincoln Drive
CITY-ST-ZIP	~~CORAL GABLES FL~~	5.4 CITY-ST-ZIP	~~Edina MN 55436~~ ☐ Change ☒ Addition
TITLE		6.1 TITLE	ASSISTANT SECRETARY
NAME		6.2 NAME	KEVIN H. ROCHE
STREET ADDRESS		6.3 STREET ADDRESS	300 OPUS CENTER, 9900 BREN RD E
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MINNETONKA, MN 55343

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kevin H. Roche' April 4 1995 612-936-1736

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

Kevin H. Roche', Assistant Secretary

0141622 CP