

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

FILED

**May 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L94088 (6)

1. Corporation Name
MLD MINNESOTA 10, INC.



Principal Place of Business: **180 S CLINTON AVE. CORP TAX 4TH FLOOR ROCHESTER NY 14646**

Mailing Address: **180 S CLINTON AVE. CORP TAX 4TH FLOOR ROCHESTER NY 14646**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

3. Date Incorporated or Qualified
08/17/1990

4. FEI Number **59-3031096**

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 _____ (4011 Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CARR, JEREMIAH T 180 S CLINTON AVE. ROCHESTER NY 14646	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MCGEHEE, JEFFERSON 180 S CLINTON AVE. ROCHESTER NY	<input checked="" type="checkbox"/> DELETE	2.1 TITLE p/coo 2.2 NAME Mucci, Martin 2.3 STREET ADDRESS 180 S. Clinton Ave. 2.4 CITY-ST-ZIP Rochester, NY 14646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRUBEK, JOSEPHINE 180 S CLINTON AVE. ROCHESTER NY 14646	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENIS, JOSEPH 180 S CLINTON AVE. ROCHESTER NY 14646	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAVERDI, BARBARA J 180 S CLINTON AVE. ROCHESTER NY 14646	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SMITH, RICHARD A. 180 S CLINTON AVE. ROCHESTER NY	<input checked="" type="checkbox"/> DELETE	6.1 TITLE CFO 6.2 NAME Dole, James 6.3 STREET ADDRESS 180 S. Clinton Ave. 6.4 CITY-ST-ZIP Rochester, NY 14646

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.

Richard A. Smith 4/11/98 (714) 777-8000

CR2E034 (10/97)