


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90005 001 *1,100.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L94088
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1640 MADISON AVENUE Suite, Apt. #, etc.		2a. Mailing Address 26 PO BOX 3248 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/17/1990	
22 City & State MANKATO, MN		27 City & State MANKATO, MN		4. FEI Number 59-3031096	
23 Zip 56001		28 Zip 56002-3248		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country USA		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CEO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARR, JEREMIAH T		1.2 NAME ROBERT D. ALTON, JR	
STREET ADDRESS 180 S CLINTON AVE.		1.3 STREET ADDRESS 221 EAST HICKORY STREET	
CITY-ST-ZIP ROCHESTER NY 14646		1.4 CITY-ST-ZIP MANKATO, MN 56001	
TITLE PCOO	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PRESIDENT, COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MUCCI, MARTIN		2.2 NAME F. ERNEST LOMBARD	
STREET ADDRESS 180 S CLINTON AVENUE		2.3 STREET ADDRESS 1650-MADISON AVENUE; SUITE 100	
CITY-ST-ZIP ROCHESTER NY 14646		2.4 CITY-ST-ZIP MANKATO, MN 56001	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP/CFO/TREAS/SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TRUBEK, JOSEPHINE		3.2 NAME DAVID A. CHRISTENSEN	
STREET ADDRESS 180 S CLINTON AVE.		3.3 STREET ADDRESS 221 EAST HICKORY STREET	
CITY-ST-ZIP ROCHESTER NY 14646		3.4 CITY-ST-ZIP MANKATO, MN 56001	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE GEN. MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ENIS, JOSEPH		4.2 NAME GERALD B. WILKE	
STREET ADDRESS 180 S CLINTON AVE.		4.3 STREET ADDRESS 1640 MADISON AVENUE	
CITY-ST-ZIP ROCHESTER NY 14646		4.4 CITY-ST-ZIP MANKATO, MN 56001	
TITLE AS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAVERDI, BARBARA J		5.2 NAME	
STREET ADDRESS 180 S CLINTON AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP ROCHESTER NY 14646		5.4 CITY-ST-ZIP	
TITLE CFO	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOLE, JAMES		6.2 NAME	
STREET ADDRESS 180 S CLINTON AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP ROCHESTER NY 14646		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.

SIGNATURE: *David A. Christensen* **DAVID A. CHRISTENSEN** 8/13/99
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)