


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR -7 AM 9:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M98000001054		1a. Principal Place of Business Address	
CTC DISTRIBUTION SERVICES, L.L.C. 6300 SHINGLE CREEK PARKWAY, SUITE 600 MINNEAPOLIS MN 55430-2124				6300 SHINGLE CREEK PARKWAY, MINNEAPOLIS MN 55430	
2. Principal Place of Business Same as above		2a. Mailing Address Same as above		3. Date Organized or Qualified 09/18/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation DE	
City & State		City & State		4. FEI Number 41-1574126	
Zip		Country		5. Date of Last Report	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name No Change	
				Street Address (P.O. Box Number is Not Acceptable) 3000 12841213	
				Suite, Apt. #, etc. 04/15/99-01118-016	
				City FL	
				Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <u>n/a</u> DATE					
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when making change)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CLARK, JOHN L	6300 SHINGLE CREEK PARKWAY		MINNEAPOLIS MN	
MGR	LOHN, BRUCE F	6300 SHINGLE CREEK PARKWAY		MINNEAPOLIS MN	
MGR	O'NEIL, MICHAEL E	6300 SHINGLE CREEK PARKWAY		MINNEAPOLIS MN	
MGR	SATORIUS, JOHN A	900 SECOND AVENUE SOUTH, S		MINNEAPOLIS MN	
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <u>Michael E O'Neil</u> 3-31-99					
SIGNATURE AND TITLE OF FILER (OWNER, MANAGER, OR MEMBER) REQUIRED					