

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P05561 (6)**
1. Corporation Name
KRAUS-ANDERSON, INCORPORATED



Principal Place of Business: **523 SOUTH 8TH STREET MINNEAPOLIS MN 55404**
Mailing Address: **523 SOUTH 8TH STREET MINNEAPOLIS MN 55404**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/03/1985	3a. Date of Last Report 01/20/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 41-0358300	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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	81. Name	10. Name and Address of New Registered Agent
	82. Street Address (P.O. Box Number is Not Acceptable)	
	83. City	
	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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ENGELSMAN, LLOYD		1.2 NAME: _____	
STREET ADDRESS: 523 SO. 8TH STREET		1.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: MINNEAPOLIS MN		1.4 CITY-STATE-ZIP: _____	
TITLE: PD	<input type="checkbox"/> DELETE	2.1 TITLE: (Name the same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DAHLBERG, BURTON F.		2.2 NAME: _____	
STREET ADDRESS: 523 SO. 8TH STREET		2.3 STREET ADDRESS: 4220 W. Old Shakopee Road, Ste 200	
CITY-STATE-ZIP: MINNEAPOLIS MN		2.4 CITY-STATE-ZIP: Bloomington, MN 55437	
TITLE: VD	<input type="checkbox"/> DELETE	3.1 TITLE: (Name the same)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ENGELSMAN, DANIEL W.		3.2 NAME: _____	
STREET ADDRESS: 523 SO. 8TH STREET		3.3 STREET ADDRESS: 4220 W. Old Shakopee Road, Ste 200	
CITY-STATE-ZIP: MINNEAPOLIS MN		3.4 CITY-STATE-ZIP: Bloomington, MN 55437	
TITLE: V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: NOT REPLACED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SUNDIN, GORDON J		4.2 NAME: _____	
STREET ADDRESS: 22700 S. TAMiami TrL.		4.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: ESTERO FL		4.4 CITY-STATE-ZIP: _____	
TITLE: VD	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ENGELSMAN, BRUCE W.		5.2 NAME: _____	
STREET ADDRESS: 523 SO. 8TH STREET		5.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: MINNEAPOLIS MN		5.4 CITY-STATE-ZIP: _____	
TITLE: S	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GOEBEL, JANICE R.		6.2 NAME: _____	
STREET ADDRESS: 523 SO. 8TH STREET		6.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: MINNEAPOLIS MN		6.4 CITY-STATE-ZIP: _____	

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 manager or trustee or custodian or other person 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: *Janice R. Goebel* 1-17-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)