

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

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 55404-1030
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	3. Date Incorporated or Qualified 04/03/1985	3a. Date of Last Report 02/05/1996
24 Country	25 Country	29 Country	30 Country

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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input checked="" 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- ST- ZIP MINNEAPOLIS MN		1.4 CITY- ST- ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE P/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAHLBERG, BURTON F.		2.2 NAME Dahlberg, Burton F.	
STREET ADDRESS 4220 W. OLD SNAKOPPEE RD, SUITE 200		2.3 STREET ADDRESS 4220 W. Old Shakopee Road, Suite 200	
CITY- ST- ZIP MINNEAPOLIS MN		2.4 CITY- ST- ZIP Bloomington, MN 55437	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE Exec. VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENGELSMAN, DANIEL W.		3.2 NAME Engelsma, Daniel W.	
STREET ADDRESS 4220 W. OLD SNAKOPPEE RD, SUITE 200		3.3 STREET ADDRESS 4220 W. Old Shakopee Road, Suite 200	
CITY- ST- ZIP MINNEAPOLIS MN		3.4 CITY- ST- ZIP Minneapolis, MN 55437	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENGELSMAN, BRUCE W.		4.2 NAME Engelsma, Bruce W.	
STREET ADDRESS 523 SO. 8TH STREET		4.3 STREET ADDRESS 523 South 8th Street	
CITY- ST- ZIP MINNEAPOLIS MN		4.4 CITY- ST- ZIP Mpls, MN 55404	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE Exec. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOEBEL, JANICE R.		5.2 NAME Sherman, Jerry A.	
STREET ADDRESS 523 SO. 8TH STREET		5.3 STREET ADDRESS 523 South 8th Street	
CITY- ST- ZIP MINNEAPOLIS MN		5.4 CITY- ST- ZIP Mpls, MN 55404	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE Assist Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Walter, Mary Jo	
STREET ADDRESS		6.3 STREET ADDRESS 523 S. 8th Street	
CITY- ST- ZIP		6.4 CITY- ST- ZIP Mpls, MN 55404	

14. 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 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/3/97** DAYTIME PHONE: **612-332-7281**

CR2E034 (9/96)