


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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P05561 (6)**  
 1. Corporation Name  
**KRAUS-ANDERSON, INCORPORATED**



Principal Place of Business <b>523 SOUTH 8TH STREET MINNEAPOLIS MN 55404</b>	Mailing Address <b>523 SOUTH 8TH STREET MINNEAPOLIS MN 55404</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/03/1985</b>	
21	26	4. FEI Number <b>41-0358300</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	28	29		30	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>WALTER, MARY JO</b>	
STREET ADDRESS	<b>523 S. 8TH STREET</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	
TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAHLBERG, BURTON F.</b>	
STREET ADDRESS	<b>4220 W. OLD SNAKOPEE RD, SUITE 200</b>	
CITY-ST-ZIP	<b>BLOOMINGTON MN</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ENGELSMAN, DANIEL W.</b>	
STREET ADDRESS	<b>4220 W. OLD SNAKOPEE RD, SUITE 200</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>ENGELSMAN, BRUCE W.</b>	
STREET ADDRESS	<b>523 SO. 8TH STREET</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GOEBEL, JANICE R.</b>	
STREET ADDRESS	<b>523 SO. 8TH STREET</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>Assistant Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	<b>55404</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**See attached for complete list of all officers and directors.**

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: *Janice R. Goebel* **4/23/98 612-322-7287**

CR2E034 (1097)

**KRAUS-ANDERSON, INCORPORATED**  
**Officers and Directors**  
**Rev. 1/21/98**

**Bruce W. Engelsma**  
523 S. 8th Street  
Minneapolis, MN 55404

**Chairman of the Board/CEO/Director**

**Carl E Carlson**  
523 S. 8<sup>th</sup> Street  
Minneapolis, MN 55404

**Vice President**

**Burton F. Dahlberg**  
4220 W. Old Shakopee Road  
Bloomington, MN 55437

**President/COO/Director**

**Thomas L. Dunleavy**  
4220 W. Old Shakopee Road  
Bloomington, MN 55437

**Vice President/Controller**

**Daniel W. Engelsma**  
4220 W. Old Shakopee Road  
Bloomington, MN 55437

**Vice Chairman/Executive Vice President/Director**

**Janice R. Goebel**  
523 S. 8th Street  
Minneapolis, MN 55404

**Secretary**

**Mary Jo Walter**  
523 S. 8th Street  
Minneapolis, MN 55404

**Assistant Secretary**