

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90031 007 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P05561

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 []
 Suite, Apt. #, etc. 22 []
 City & State 23 []
 Zip 24 [] Country 25 []

2a. Mailing Address
 26 []
 Suite, Apt. #, etc. 27 []
 City & State 28 []
 Zip 29 [] Country 30 []

3. Date Incorporated or Qualified
04/03/1985

4. FEI Number
41-0358300 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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 **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 _____
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	AS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER, MARY JO	1.2 NAME	Carl E. Carlson
STREET ADDRESS	523 S. 8TH STREET	1.3 STREET ADDRESS	523 South 8th Street
CITY-ST-ZIP	MINNEAPOLIS MN 55404	1.4 CITY-ST-ZIP	Minneapolis, MN 55404
TITLE	PCD <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAHLBERG, BURTON F.	2.2 NAME	Thomas L. Dunleavy
STREET ADDRESS	4220 W. OLD SNAKOPEE RD, SUITE 200	2.3 STREET ADDRESS	4210 W. Old Shakopee Road
CITY-ST-ZIP	BLOOMINGTON MN	2.4 CITY-ST-ZIP	Bloomington, MN 55437
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELSMA, DANIEL W.	3.2 NAME	
STREET ADDRESS	4220 W. OLD SNAKOPEE RD, SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	3.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELSMA, BRUCE W.	4.2 NAME	
STREET ADDRESS	523 SO. 8TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEBEL, JANICE R.	5.2 NAME	
STREET ADDRESS	523 SO. 8TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, M	6.2 NAME	
STREET ADDRESS	523 S 8TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55404	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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99 612 332-7281
Date Daytime Phone #

CR2E034 (11/98)