

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90099 003 \*\*\*150.00

**DOCUMENT # P05561**

1. Entity 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	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	41-0358300	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	CARLSON, CARL E	
STREET ADDRESS	523 S. 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS MN 55404	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	DAHLBERG, BURTON F.	
STREET ADDRESS	4220 W. OLD SNAKOPEE RD, SUITE 200	
CITY-ST-ZIP	BLOOMINGTON MN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENGELSMAN, DANIEL W.	
STREET ADDRESS	4220 W. OLD SNAKOPEE RD, SUITE 200	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	ENGELSMAN, BRUCE W.	
STREET ADDRESS	523 SO. 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOEBEL, JANICE R.	
STREET ADDRESS	523 SO. 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WALTER, M	
STREET ADDRESS	523 S 8TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN 55404	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas L. Dunleavy	
STREET ADDRESS	4210 W. Old Shakopee Road	
CITY-ST-ZIP	Bloomington, MN 55437-2995	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4210 W. Old Shakopee Road	
CITY-ST-ZIP	Bloomington, MN 55437-2995	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4210 W. Old Shakopee Road	
CITY-ST-ZIP	Bloomington, MN 55437-2995	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Minneapolis, MN 55404-1078	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Minneapolis, MN 55404-1078	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Janice R. Goebel, Secretary 4-27-00 612-332-7281  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

105201  
00080791

**KRAUS-ANDERSON®, INCORPORATED**  
**Officers and Directors**  
**As of May 1, 2000**

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

Chairman of the Board/CEO/Director

Burton F. Dahlberg  
4210 W. Old Shakopee Road  
Bloomington, MN 55437

President/COO/Director

Daniel W. Engelsma  
4210 W. Old Shakopee Road  
Bloomington, MN 55437

Vice Chairman/Executive Vice President/Director

Carl E. Carlson  
523 S. 8th Street  
Minneapolis, MN 55404

Vice President

Thomas L. Dunleavy  
4210 W. Old Shakopee Road  
Bloomington, MN 55437

Vice President/Controller/CFO

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

Secretary

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

Assistant Secretary