

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P06580 (5)**

1. Corporation Name
CENTRON DPL COMPANY, INC.



Principal Place of Business: **6475 CITY WEST PARKWAY EDEN PRAIRIE MN 55344**
Mailing Address: **6475 CITY WEST PARKWAY EDEN PRAIRIE MN 55344**

3. Date Incorporated or Qualified: **06/28/1985**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business
21. **6455 City West Parkway**
22. Suite, Apt. #, etc.
23. **Eden Prairie, MN**
24. **55344**
25. **Hennepin**
26. **6455 City West Parkway**
27. Suite, Apt. #, etc.
28. **Eden Prairie, MN**
29. **55344**
30. **Hennepin**

4. FEI Number: **41-1495549**
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 **FL**

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 date of appointment (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RICHARD N SOSKIN	
STREET ADDRESS	6475 CITY WEST PKWY	
CITY - ST - ZIP	EDEN PRAIRIE MN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MICHELLE W COCKER	
STREET ADDRESS	6475 CITY WEST PKWY	
CITY - ST - ZIP	EDEN PRAIRIE MN	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JEFFREY S LITER	
STREET ADDRESS	6475 CITY WEST PKWY	
CITY - ST - ZIP	EDEN PRAIRIE MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, DOUGLAS V.	
STREET ADDRESS	6475 CITY WEST PARKWAY	
CITY - ST - ZIP	EDEN PRAIRIE MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6455 City West Parkway
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6455 City West Parkway
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6455 City West Parkway
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	See attached -
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	- See attached -
6.4 CITY - ST - 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 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: *Jack* **3-4-96** **(612) 829-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)