

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

0549347

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90208 005 ***150.00

DOCUMENT # **P06580**

1. Corporation Name
CENTRON DPL COMPANY, INC.

Principal Place of Business
**6455 CITY WESTPARKWAY
EDEN PRAIRIE MN 55344
US**

Mailing Address
**6455 CITY WESTPARKWAY
EDEN PRAIRIE MN 55344
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/28/1985	
				4. FEI Number 41-1495549	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Trust Fund Contribution <input type="checkbox"/>	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD N SOSKIN	1.2 NAME	
STREET ADDRESS	6455 CITY WEST PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	1.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELLE W COCKER	2.2 NAME	Dale K. Mahaffey
STREET ADDRESS	6455 CITY WEST PARKWAY	2.3 STREET ADDRESS	6455 City West Parkway
CITY-ST-ZIP	EDEN PRAIRIE MN	2.4 CITY-ST-ZIP	Eden Prairie MN 55344
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORD, THOMAS C	3.2 NAME	
STREET ADDRESS	FOUR EMBARCA DERO CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PILLSBURY, WARREN L	4.2 NAME	Ken VanDer Horst
STREET ADDRESS	6455 CITY W PARKWAY	4.3 STREET ADDRESS	6455 City West Parkway
CITY-ST-ZIP	EDEN PRAIRIE MN	4.4 CITY-ST-ZIP	Eden Prairie MN 55344
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLESHEIM, DEAN	5.2 NAME	
STREET ADDRESS	6455 CITY WEST PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOST, TIMOTHY	6.2 NAME	
STREET ADDRESS	6455 CITY WEST PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	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 REQUIRED

TIMOTHY J. KOST
TREASURER

4/27/99
Date

612 829-2836
Daytime Phone #

CR2E034 (11/98)