

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P08978 (9)

95 FEB -8 AM 9:31

1. Corporation Name
QSV PROPERTIES INC.

Principal Place of Business
200 S. SIXTH ST.
TAX DEPARTMENT
MINNEAPOLIS MN 55402-1464

Mailing Address
200 S. SIXTH ST.
TAX DEPARTMENT
MINNEAPOLIS MN 55402-1464

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/05/1986
3a. Date of Last Report 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 5310 Harvest Hill Rd. Suite, Apt. #, etc.	26 5310 Harvest Hill Rd. Suite, Apt. #, etc.
22 Ste. 270, LB 168 City & State	27 Ste. 270, LB 168 City & State
23 Dallas TX Zip Country	28 Dallas TX Zip Country
24 75230 USA	29 75230 USA

4. FEI Number 41-1541605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 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]* Sec. *[Signature]* DATE: 1/21/95
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	CTD
NAME	SMITH, DAVID F. (CEO)
STREET ADDRESS	200 SOUTH 6TH ST
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	S
NAME	HAEFNER, BRIDGET A.
STREET ADDRESS	200 SOUTH 6TH STREET
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	COB
NAME	JENKO, JEROME J
STREET ADDRESS	200 SOUTH 6TH STREET
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	D
NAME	JENKO, JEROME J
STREET ADDRESS	200 SOUTH 6TH ST
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	D
NAME	NAVIN, LOUIS E.
STREET ADDRESS	200 SOUTH 6TH ST
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	D
NAME	MCGRANN, WILLIAM R
STREET ADDRESS	200 SOUTH 6TH ST.
CITY - ST - ZIP	MINNEAPOLIS MN 55402

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT-CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT STETSON	
1.3 STREET ADDRESS	5310 HARVEST HILL RD, Ste. 270	
1.4 CITY - ST - ZIP	Dallas, TX 75230	
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRED MARGOLIN	
2.3 STREET ADDRESS	5310 HARVEST HILL RD, #270	
2.4 CITY - ST - ZIP	Dallas, TX 75230	
3.1 TITLE	CHAIRMAN OF BOARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRED MARGOLIN	
3.3 STREET ADDRESS	same as above	
3.4 CITY - ST - ZIP		
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVID ROLPH	
4.3 STREET ADDRESS	same as above	
4.4 CITY - ST - ZIP		
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DARRELL ROLPH	
5.3 STREET ADDRESS	same as above	
5.4 CITY - ST - ZIP		
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROBERT STETSON	
6.3 STREET ADDRESS	same as above	
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)(b), 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: *[Signature]* FRED MARGOLIN DATE: 1-31-95 214-387-1487
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)