

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 # **P09795** (6)

1. Corporation Name
T.E. IBBERSON COMPANY



Principal Place of Business: **828 FIFTH STREET SOUTH HOPKINS MN 55343 US**
Mailing Address: **828 FIFTH STREET SOUTH HOPKINS MN 55343 US**

3. Date Incorporated or Qualified: **04/16/1986**
3a. Date of Last Report: **10/09/1995**
4. FEI Number: **41-0326340**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: Zip, Country
24: Zip, Country

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATTHE, DUNNLEY L.	
STREET ADDRESS	17196 ROUND LAKE RD.	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DAHLE, RAYMOND K.	
STREET ADDRESS	1415 TRAYMORE AVENUE	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCORMICK, MICHAEL J	
STREET ADDRESS	11203 RADISSON DR	
CITY-ST-ZIP	BURNSVILLE MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSON, WALTER D.	
STREET ADDRESS	2020 PENNSYLVANIA AVE NO	
CITY-ST-ZIP	GOLDEN VALLEY MN	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KIMES, STEVEN C	
STREET ADDRESS	17109 NEW MARKET DRIVE	
CITY-ST-ZIP	EDEN PRAIRIE MN 55347	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEUKAM, GERALD M	
STREET ADDRESS	15639 TARLETON CREST	
CITY-ST-ZIP	MAPLE GROVE MN 55311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Raymond K. Dahle February 14, 1996 (612) 938 7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)