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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P09863

(2)

CONDUX INTERNATIONAL, INC.

FILED
Aug 15 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address P.O. BOX 24599 P.O. BOX 24599 APPLE VALLEYM MN 55124 APPLE VALLEYM MN 55124					146   146   147   149   149   149   149   149   149   149   149   149   149   149   149   149   149   149		
			124				
					3. Date Incorporated or Qualifier 04/22/1986	d 3a. Date of Last Report 05/01/1996	
2. Principal F	2a. Mailing Address	ng Address		4. FEI Number	Applied For		
21 26					41-0901133	Not Applicat	
<b>├</b> ──		Suite, Apt. #, etc.	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Çity & State		City & State			·		
<b>}</b> =¬ ·		28		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ntry		or intangible tax under s. 199.032,	
24 4	25	29	30		Fiorida Statutes	Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered Agent	
THE	PRENTICE-HALL CORPORATION	N SYSTEM INC.		81 Name			
	1 HAYS STREET		-	82 Street Ac	ddress (P.O. Box Number is Not Accept	toblo)	
SUITE 105				JULIEU AL	GROOM TON SELECTION AND TO, IT SECURE	(abio)	
TALLAHASSEE FL 32301				83		·····	
·				84 City		85 Zip Code	
				UT UNIX		FL 85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (N ND DIRECTORS	O1E Registered	i Agent signature re	quired when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TH	I F	ADDITIONO/OFIANGES TO OF	Change Additi	
NAME	RADICHEL, BRADLEY P	<b>—</b>	1.2 NA	}			
STREET ADDRESS	A CE MILLONIUS ON BOAR		1.3 \$1	REET ADDRESS			
CITY-ST-ZIP	MANKATO MN		1.4 CP	Y-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 10			Change Additi	
NAME	ELSTER, EARL W		2.2 NA	ME			
STREET ADDRESS			2.3 ST	REET ADDRESS			
CITY-ST-ZIP	PRIOR LAKE MN		2 4 CI	TY - ST - ZIP	_		
TITLE	VD	DELETE	3.1 111	LF		Change Additi	
NAME	WILLIAM, RADICHEL D		3.2 NA	ME			
STREET ADDRESS			3 3 ST	REET ADDRESS			
CITY-ST-ZIP	MADISON LAKE MN			1Y-S1-ZIP			
TITLE	VPD	☐ DELETE	4.1 TIT	LE .		Change Additi	
NAME	RADICHEL, PAUL W		4. 2 N/	AME			
ATREET ABORTOR							
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	MANKATO MN		4.3 ST 4.4 CIT	REET ADDRESS			
CITY-ST-ZIP TITLE	MANKATO MN	☐ DELETE	4.3 ST 4.4 CIT 5.1 TIT	REE1 ADDRESS IY-ST-ZIP LE		Change Additi	
CITY-ST-ZIP TITLE NAME	MANKATO MN ST KOPPENHAVER,BRUCE P	DELETE	4.3 ST 4.4 CH 5.1 TH 5.2 NA	REET ADDRESS (Y-ST-ZIP LE ME		Change Additi	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANKATO MN ST KOPPENHAVER,BRUCE P 15236 OAKRIDGE CIRCLE	DELETE	4.3 ST 4.4 CH 5.1 TH 5.2 NA	REE1 ADDRESS IY-ST-ZIP LE		Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANKATO MN ST KOPPENHAVER,BRUCE P 15236 OAKRIDGE CIRCLE PRIOR LAKE MN		4.3 ST 4.4 CH 5.1 TH 5.2 NA 5.3 ST 5.4 CH	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP		RE 8115	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANKATO MN ST KOPPENHAVER, BRUCE P 15236 OAKRIDGE CIRCLE PRIOR LAKE MN AS	☐ DELETE	4.3 ST 4.4 CIT 5.1 TIT 5.2 NA 5.3 ST 5.4 CIT 6.1 TIT	REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE	7000022	RE 8115	
CITY-ST-ZIP TITLE NAME STREEY ADDRESS CITY-ST-ZIP TITLE NAME	MANKATO MN ST KOPPENHAVER, BRUCE P 15236 OAKRIDGE CIRCLE PRIOR LAKE MN AS RANDOLPH, DIANA		4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST 5.4 CR 6.1 TIT 6.2 NA	REET ADDRESS  IY-ST-ZIP  LE  ME REET ADDRESS  IY-ST-ZIP  LE  ME	7000022 -08/19/9701	RE 8115	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANKATO MN ST KOPPENHAVER, BRUCE P 15236 OAKRIDGE CIRCLE PRIOR LAKE MN AS RANDOLPH, DIANA		4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST 5.4 CF 6.1 TI 6.2 NA 6.3 ST	REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE	7000022 -08/19/9701 ***550.00	RE 8115	

I do nereby certify that the information supplied with this thing 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 eath; that I am an officer or director of the proporation 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 11 in changed, or on the attempting that an address.

507-387-6576 June 26, 1997