


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

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Jun 08, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P09863 1. Corporation Name CONDEX INTERNATIONAL, INC.			
Principal Place of Business P.O. BOX 24599 APPLE VALLEY MN 55124		Mailing Address P.O. BOX 24599 APPLE VALLEY MN 55124	
2. Principal Place of Business 21 145 Kingswood Road Suite, Apt. #, etc. 22 City & State 23 Mankato, MN Zip 24 56001		2a. Mailing Address 26 P.O. Box 247 Suite, Apt. #, etc. 27 City & State 28 Mankato, MN Zip 29 56002 30 USA	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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	D <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	RADICHEL, BRADLEY P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	145 KINGSWOOD ROAD	1.2 NAME	
CITY-ST-ZIP	MANKATO MN	1.3 STREET ADDRESS	
TITLE	VP <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME	ELSTER, EARL W	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4115 WINDSONG CIR	2.2 NAME	
CITY-ST-ZIP	PRIOR LAKE MN	2.3 STREET ADDRESS	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	WILLIAM, RADICHEL D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RT. 1, BOX 39	3.2 NAME	
CITY-ST-ZIP	MADISON LAKE MN	3.3 STREET ADDRESS	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	RADICHEL, PAUL W	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1102 BAKER	4.2 NAME	
CITY-ST-ZIP	MANKATO MN	4.3 STREET ADDRESS	
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	KOPPENHAVER, BRUCE P	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	15236 OAKRIDGE CIRCLE	5.2 NAME	5.1 Dave Renando
CITY-ST-ZIP	PRIOR LAKE MN	5.3 STREET ADDRESS	145 Kingswood Road
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	Mankato, MN 56001
NAME	RANDOLPH, DIANA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RT. 1, BOX 58F	6.2 NAME	
CITY-ST-ZIP	ELYSIAN MN	6.3 STREET ADDRESS	
		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 20, 1999

Date

507-387-6576

Daytime Phone #

CR2E034 (11/98)