

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13705 (9)  
1. Corporation Name  
EASTERN HEIGHTS BANK

Principal Place of Business  
670 MCKNIGHT RD. N.  
ST. PAUL MN 55119

Mailing Address  
670 MCKNIGHT RD. N.  
ST. PAUL MN 55119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-0811792	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CAPITAL CONNECTION 417 E. VIRGINIA STREET SUITE 1 TALLAHASSEE FL 32301				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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	AVP	1.1 TITLE	J. Marc Adam
NAME	DAVID B. CHICHILA	1.2 NAME	3M Center
STREET ADDRESS	670 MCKNIGHT RD. N.	1.3 STREET ADDRESS	St. Paul MN 55144
CITY-ST-ZIP	ST. PAUL MN	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	HANSEN, THOMAS D.	2.2 NAME	
STREET ADDRESS	670 MCKNIGHT RD. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	GRENZ, MI K	3.2 NAME	
STREET ADDRESS	3M CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	JENSEN, JAMES	4.2 NAME	
STREET ADDRESS	3M CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	KIESTER, CHARLES	5.2 NAME	
STREET ADDRESS	3M CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	BARRETT, MICHAEL J	6.2 NAME	
STREET ADDRESS	670 MCKNIGHT RD. N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN 55119	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.

SIGNATURE: *David B. Chichila* 4-27-98 612-736-9922

CR2E034 (10/97)