

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

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P21168 (0)

1. Corporation Name
WILSONS TANNERY WEST, INC.



Principal Place of Business Mailing Address

~~400 HWY 109 S.~~
~~SUITE #600~~
~~MPLS MN 55426-1132~~
US

~~400 HWY 100 S.~~
~~SUITE #600~~
~~MPLS MN 55426-1114~~
US

3. Date Incorporated or Qualified 10/04/1988 3a. Date of Last Report 04/22/1996

4. FEI Number 95-4175734 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 2a. Mailing Address

21 7401 Boone Ave. No. 26 7401 Boone Ave. No.

Suite, Apt #, etc. Suite, Apt #, etc.

22 27

City & State City & State

23 Brooklyn Park MN 28 Brooklyn Park MN

Zip Country Zip Country

24 55428 25 Hennepin 29 55428 30 Hennepin

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
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 FL 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	WALLER, JOEL N.	
STREET ADDRESS	400 HWY 100 S #600	
CITY - ST - ZIP	MPLS MN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROGERS, DAVID	
STREET ADDRESS	400 HWY 109 S #600	
CITY - ST - ZIP	MPLS MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, BRAD	
STREET ADDRESS	400 HWY 109 S #600	
CITY - ST - ZIP	MPLS MN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TREFF, DOUGLAS	
STREET ADDRESS	4200 WASHBURN AVENUE SOUTH	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7401 Boone Ave. No.
1.4 CITY - ST - ZIP	Brooklyn Park MN 55428
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7401 Boone Ave. No.
2.4 CITY - ST - ZIP	Brooklyn Park MN 55428
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sec. Corrine Lapinsky
3.3 STREET ADDRESS	7401 Boone Ave. No.
3.4 CITY - ST - ZIP	Brooklyn Park MN 55428
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer Dan Thorson
4.3 STREET ADDRESS	7401 Boone Ave. No.
4.4 CITY - ST - ZIP	Brooklyn Park MN 55428
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 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 checked, or on an attachment with an address.

SIGNATURE: Dan Thorson/Treas. 4/18/97 612-391-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)