FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22422** **(0)**

1. Corporation Name
BRW PLANNING, TRANSPORATION AND ENGINEERING, INC

Principal Place of Business	Mailing Address
700 3 ST SO. MINNEAPOLIS, MN 55415	700 3 ST SO. MINNEAPOLIS, MN 55415

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/05/1989**
3a. Date of Last Report: **05/18/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **41-1625272** ☐ 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

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 **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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	LARSON, STEVEN E	1.2 NAME	
STREET ADDRESS	9800 BROOKSIDE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MALMQUIST, JAN K.	2.2 NAME	
STREET ADDRESS	1110 JAMES	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	MCPHEE, MARTHA	3.2 NAME	
STREET ADDRESS	1360 FRENCH CREEK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAYZATA MN	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	☐ Change ☐ Addition
NAME	WOLSFELD, RICHARD	4.2 NAME	
STREET ADDRESS	2523 MANITOU ISLAND	4.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE BEAR LAKE MN	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	AYAZ, SABRI	5.2 NAME	
STREET ADDRESS	8780 COTTONWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	AMUNDSEN, CRAIG A.	6.2 NAME	
STREET ADDRESS	5984 ROYAL OAKS DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SHOREVIEW MN	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)(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: Steven E. Larson 4-28-95 612 370-0700
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0487830 FP