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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

5007 77300  
\$200.00

DOCUMENT # P22422 (0)

1. Corporation Name

BRW PLANNING, TRANSPORTATION AND ENGINEERING, INC

Principal Place of Business

700 3 ST SO.  
MINNEAPOLIS, MN 55415

Mailing Address

700 3 ST SO.  
MINNEAPOLIS, MN 55415



3. Date Incorporated or Qualified  
01/05/1989

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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 V ☐ DELETE

NAME LARSON, STEVEN E  
STREET ADDRESS 9800 BROOKSIDE AVE.  
CITY-ST-ZIP BLOOMINGTON MN

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME MALMQUIST, JAN K.  
STREET ADDRESS 1110 JAMES  
CITY-ST-ZIP ST. PAUL MN

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE AS ☐ DELETE

NAME MCPHEE, MARTHA  
STREET ADDRESS 1360 FRENCH CREEK DR  
CITY-ST-ZIP WAYZATA MN

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE VTD ☐ DELETE

NAME WOLSFELD, RICHARD  
STREET ADDRESS 2523 MANITOU ISLAND  
CITY-ST-ZIP WHITE BEAR LAKE MN

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME AYAZ, SABRI  
STREET ADDRESS 8780 COTTONWOOD DR  
CITY-ST-ZIP EDEN PRAIRIE MN

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME AMUNDSEN, CRAIG A.  
STREET ADDRESS 5984 ROYAL OAKS DR  
CITY-ST-ZIP SHOREVIEW MN

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven E Larson 4/30/96

Date

Daytime Phone #

CR2E034 (12/95)