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

FILED
95 JAN 23 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23682** **(8)**

1. Corporation Name
MCT ACQUISITION COMPANY

Principal Place of Business	Mailing Address
1600 E BENSON RD P.O. BOX 5233 SIOUX FALLS SD 57117	1600 E BENSON RD P.O. BOX 5233 SIOUX FALLS SD 57117

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/31/1989	01/25/1994

2. Principal Place of Business	2a. Mailing Address
21	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: 46-0405637 ☐ 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, MURRAY T.	1.2 NAME	
STREET ADDRESS	2408 HARRIET LEA	1.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, PAUL	2.2 NAME	
STREET ADDRESS	11810 AKRON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVER GROVE MN	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ENGELTJES, LARRY	3.2 NAME	
STREET ADDRESS	408 CEDAR LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☒ Change ☐ Addition
NAME	ODLAND, DUANE	4.2 NAME	
STREET ADDRESS	3504 SPENCER BLVD	4.3 STREET ADDRESS	DECEASED
CITY-ST-ZIP	SIOUX FALLS SD	4.4 CITY-ST-ZIP	
TITLE	AST	5.1 TITLE	☐ Change ☐ Addition
NAME	KLATT, GREGG	5.2 NAME	
STREET ADDRESS	5904 W 37TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KLATT, GREGG	6.2 NAME	
STREET ADDRESS	5904 W 37TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SIOUX FALLS SD	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 asterisk.

SIGNATURE: GREGG A KLATT 1-16-95 605-339-8427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400510 FN