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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P25696

Principal Place of Business

(6)

Mailing Address

KEY GROUP ADVERTISING, INC.

Jan 23 1998 8:00am Secretary of State



**FILED** 

523 S 8TH STREET 523 S 8TH STREET MINNEAPOLIS MN 55404 MINNEAPOLIS MN 55404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1989 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 41-1341201 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 81 Name 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 84 Citv 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Y Change TITLE 1.1 TITLE P/COQ/D DAHLBERG, BURTON F. NAME 1.2 NAME 4220 W. OLD SHAKOPE ROAD, SUITE 200 1.3 STREET ADDRESS STREET ADDRESS **BLOOMINGTON MN** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE GEARS, MARY ANNE 2.2 NAME 523 S. 8TH STREET STREET ADDRESS 2.3 STREET ADDRESS MINNEAPOLIS MN CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE CEO/VP/S/T/CFO/D/Chairman XIX nange TITLE 3.1 TITLE ENGELSMA, BRUCE W. 3.2 NAME NAME 523 S. 8TH STREET STREET ADDRESS 3.3 STREET ADDRESS MINNEAPOLIS MN CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE ENGELSMA, DANIEL W 4. 2 NAME NAME 4220 W. OLD SHAKOPEE ROAD, SUITE 200 4.3 STREET ADDRESS STREET ADDRESS **BLOOMINGTON MN** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE GOEBEL, JANICE R NAME 5.2 NAME 523 S. 8TH STREET STREET ADDRESS 5.3 STREET ADDRESS MINNEAPOLIS MN CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 pn an attachment with an address.

SIGNATURE:

612 3327281