

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90003 024 ***150.00

DOCUMENT # P25696 ✓ (6)

1. Corporation Name

KEY GROUP ADVERTISING, INC.

Principal Place of Business

523 S. 8TH STREET
MINNEAPOLIS, MN 55404

Mailing Address

523 S. 8TH STREET
MINNEAPOLIS, MN 55404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8-22-89

4. FEI Number

41-1341201

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D/COO	<input type="checkbox"/> DELETE
NAME	DAHLBERG, BURTON F.	
STREET ADDRESS	4210 W. OLD SHAKOPEE RD.	
CITY-ST-ZIP	BLOOMINGTON, MN 55437	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LONDON, MARIJANNE	
STREET ADDRESS	523 S. 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS, MN 55404	
TITLE	D/CEO/CFO/VP	<input type="checkbox"/> DELETE
NAME	ENGELSMA, BRUCE W.	
STREET ADDRESS	523 S. 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS, MN 55404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGELSMA, DANIEL W.	
STREET ADDRESS	4210 W. OLD SHAKOPEE RD.	
CITY-ST-ZIP	BLOOMINGTON, MN 55437	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GOEBEL, JANICE R.	
STREET ADDRESS	523 S. 8TH STREET	
CITY-ST-ZIP	MINNEAPOLIS, MN 55404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE R. GOEBEL, ASSISTANT SECRETARY

4-27-99

Date

612 332-7281

Daytime Phone #

CR2E034 (1/98)