FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P28524 (7)

1. Corporation Name

~~QP ONE CORPORATION~~
Opus Estates Corporation   N/C 2-5-96 SG

Principal Place of Business
9900 BREN RD. E
700 OPUS CENTER
MINNETONKA MN 55343
US

Mailing Address
9900 BREN RD. E
700 OPUS CENTER
MINNETONKA MN 55343
US

3. Date Incorporated or Qualified: 03/15/1990
3a. Date of Last Report: 04/04/1995
4. FEI Number: 41-1647645 ☐ 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 See Statement Attached

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 ______ (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	SD	☒ DELETE
NAME	CANDELL, JOHN T.	
STREET ADDRESS	700 OPUS CTR, 9900 BREN RD. E.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	PD	☐ DELETE
NAME	BEDNAROWSKI, KEITH P.	
STREET ADDRESS	700 OPUS CTR, 9900 BREN RD. E.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	VPD	☒ DELETE
NAME	NAVARRO, A.J. JR.	
STREET ADDRESS	700 OPUS CNTR, 9900 BREN RD. E.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	☐ Change ☒ Addition
1.2 NAME	Dan F. Nicol	
1.3 STREET ADDRESS	700 Opus Center, 9900 Bren Road East	
1.4 CITY-ST-ZIP	Minnetonka, MN 55343	
2.1 TITLE	President and Treasurer	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
3.2 NAME	Lori Larson	
3.3 STREET ADDRESS	700 Opus Center, 9900 Bren Road East	
3.4 CITY-ST-ZIP	Minnetonka, MN 55343	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	400001795714	☐ Change ☐ Addition
5.2 NAME	-04/26/96--01021--033	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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: Dan F. Nicol   Dan F. Nicol   4-11-96   (612) 936-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

SG 4-25-96

CR2E034 (12/95)