

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

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Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28964 (5)

1. Corporation Name
OPUS ARCHITECTS & ENGINEERS, INC.



Principal Place of Business 700 OPUS CENTER 9900 BREN ROAD EAST MINNETONKA MN 55343	Mailing Address 700 OPUS CENTER 9900 BREN ROAD EAST MINNETONKA MN 55343
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1990	
21		26		4. FEI Number 41-1662283	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

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	85. Zip Code FL

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 date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPDS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERS, JOHN	1.2 NAME	
STREET ADDRESS	700 OPUS CENTER, 9900 BREN RD. E	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERSON, LARRY D	2.2 NAME	
STREET ADDRESS	700 OPUS CENTER, 9900 BREN RD. E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEU, DENNIS E.	3.2 NAME	
STREET ADDRESS	700 OPUS CENTER, 9900 BREN RD E	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDNAROWSKI, KEITH	4.2 NAME	
STREET ADDRESS	700 OPUS CENTER 9900 BREN RD E	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PRISCILLA BARCLAY
STREET ADDRESS		5.3 STREET ADDRESS	9700 WEST HIGGINS, SUITE 900
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ROSEMONT, IL 60018
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied in 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 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, partnership, or trust 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.

SIGNATURE: *[Signature]* **WALTER ALBERS 3/16/98 (612) 034-4460**

CR2E034 (10/97)