

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

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

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

1. Corporation Name  
**OPUS ARCHITECTS & ENGINEERS, INC.**



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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified <b>04/17/1990</b>	
4. FEI Number <b>41-1662283</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	<b>N/A</b>

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
	<b>FL</b>

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

TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	ALBERS, JOHN	
STREET ADDRESS	700 OPUS CENTER, 9900 BREN RD. E	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVERSON, LARRY D	
STREET ADDRESS	700 OPUS CENTER, 9900 BREN RD. E.	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NEU, DENNIS E.	
STREET ADDRESS	700 OPUS CENTER, 9900 BREN RD E	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEDNAROWSKI, KEITH	
STREET ADDRESS	700 OPUS CENTER 9900 BREN RD E	
CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VP, D <input checked="" 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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PRISCILLA BARCLAY
5.3 STREET ADDRESS	9700 WEST HIGGINS, SUITE 900
5.4 CITY-ST-ZIP	ROSEMONT, IL 60018
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 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, or a partner, trustee 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]* JOHN ALBERS 3/16/98 (612) 034-4460

CR2E034 (10/97)