

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P30474 (1)**
1. Corporation Name: **KRAUS-ANDERSON DEVELOPMENT AND FINANCE COMPANY**



Principal Place of Business: **523 SOUTH 8TH STREET MINNEAPOLIS MN 55404**
Mailing Address: **523 SOUTH 8TH STREET MINNEAPOLIS MN 55404**

3. Date Incorporated or Qualified: **08/09/1990** 3a. Date of Last Report: **01/31/1995**
4. FEI Number: **41-1275218** 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

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

9. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent: 81. Name. 82. Street Address (P.O. Box Number is Not Acceptable). 83. City. 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PDV	<input type="checkbox"/> DELETE
NAME	ENGELSMA, BRUCE W.	
STREET ADDRESS	523 SOUTH 8TH STREET	
CITY-STATE-ZIP	MINNEAPOLIS MN	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ENGELSMA, LLOYD	
STREET ADDRESS	523 SOUTH 8TH STREET	
CITY-STATE-ZIP	MINNEAPOLIS MN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WISTROM, TORE	
STREET ADDRESS	2510 MINNEHAHA	
CITY-STATE-ZIP	MINNEAPOLIS MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ENGELSMA, DANIEL W.	
STREET ADDRESS	523 SOUTH 8TH STREET	
CITY-STATE-ZIP	MINNEAPOLIS MN	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	OLSON, DAVID J.	
STREET ADDRESS	2510 MINNEHAHA	
CITY-STATE-ZIP	MINNEAPOLIS MN	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	GOEBEL, JANICE R.	
STREET ADDRESS	523 SOUTH 8TH STREET	
CITY-STATE-ZIP	MINNEAPOLIS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	V Sherman, Jerry A.
11. STREET ADDRESS	523 South 8th Street
12. CITY-STATE-ZIP	Minneapolis, MN 55404
13. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	V Engelsma, Daniel W.
15. STREET ADDRESS	4220 W. Old Shakopee Road, Ste 200
16. CITY-STATE-ZIP	Bloomington, MN 55437
17. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	ST Olson, David J
19. STREET ADDRESS	523 South 8th Street
20. CITY-STATE-ZIP	Minneapolis, MN 55404
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-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 attached list with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 612 332 7281

CR2E034 (12/95)