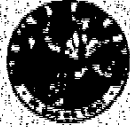


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra R. Northingham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P33762 (6)

1. Corporation Name

MINNESOTA GRIFFIN VENTURE CORPORATION

Principal Place of Business

**800 NORTHLAND PLAZA
3800 WEST 80TH STREET
BLOOMINGTON MN 55431**

Mailing Address

**800 NORTHLAND PLAZA
3800 WEST 80TH STREET
BLOOMINGTON MN 55431**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/30/1991

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

750 Northland Plaza

26

Suite, Apt. #, etc.

27

750 Northland Plaza

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

4. FEI Number

41-1678189

Applied For:

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANSEN, LARRY D.
STREET ADDRESS	3800 W 80TH ST #750
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	VD
NAME	DUNBAR, ROBERT S.
STREET ADDRESS	3800 W 80TH ST #750
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	VT
NAME	JACOBS, HARRY
STREET ADDRESS	3800 W 80TH ST #750
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	VS
NAME	BERKELAND, GERALD A
STREET ADDRESS	3800 W 80TH ST #750
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	V
NAME	AANERUD, JEANNE
STREET ADDRESS	3800 W 80TH ST #750
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	V
NAME	RASMUSSEN, DAVID
STREET ADDRESS	3800 W 80TH ST #750
CITY-ST-ZIP	MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EVP	☐ Change ☒ Addition
1.2 NAME	Robert A. Fransen	
1.3 STREET ADDRESS	3800 W. 80th St #750	
1.4 CITY-ST-ZIP	Minneapolis, MN 55431	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	Cindy Koehler	
2.3 STREET ADDRESS	3800 W. 80th St #750	
2.4 CITY-ST-ZIP	Minneapolis, MN 55431	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 110.07(3)(b), 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 this address.

SIGNATURE:

Gerald A. Berkeland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald A. Berkeland

4-7-95

612/896-3800

(Date)

(Daytime Phone #)