

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

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P34805 (2)**

1. Corporation Name  
**CHRISTIANSON SALES CO.**

Principal Place of Business <b>63 ST ANTHONY PKWY                  MINNEAPOLIS MN 55418                  US</b>	Mailing Address <b>PO BOX 1320                  MINNEAPOLIS MN 55440-1320                  US</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**07/22/1991**

4. FEI Number  
**41-1692116** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>ASSISTANT SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHRISTIANSON, WARREN T.</b>	1.2 NAME	<b>GERALDINE A. RONNINGEN</b>
STREET ADDRESS	<b>63 ST ANTHONY PKWY</b>	1.3 STREET ADDRESS	<b>63 ST. ANTHONY PKWY</b>
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	1.4 CITY-ST-ZIP	<b>MINNEAPOLIS, MN</b>
TITLE	<b>DS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANSEN, RICHARD R.</b>	2.2 NAME	
STREET ADDRESS	<b>900 SECOND AVE. SO.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COX, JAMES C.</b>	3.2 NAME	
STREET ADDRESS	<b>5729 ABBOTT AVE. SO.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDINA MN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PCOO</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUREK, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>6008 DUBLIN CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDINA MN</b>	4.4 CITY-ST-ZIP	
TITLE	<b>CEO</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEYTON, PATRICK J</b>	5.2 NAME	
STREET ADDRESS	<b>63 ST ANTHONY PKWY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	5.4 CITY-ST-ZIP	
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 with 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 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: *[Signature]* **PATRICK J PEYTON** Vice President

CR2E034 (10/97)