

5-2-97 B- 10080 -C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P37741 (6)
1. Corporation Name
CLC EQUIPMENT COMPANY

Principal Place of Business

ATTN: LEGAL DEPARTMENT
12755 STATE HIGHWAY 55
MINNEAPOLIS MN

Mailing Address

P O BOX 59159
ATTN: TAX DEPT
MINNEAPOLIS MN 55459-8200
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/04/1992		04/30/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		41-1683569		Not Applicable	
24 Country		29 Country		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	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	POD	DELETE			
NAME	CARLSON, C.L.				
STREET ADDRESS	12755 STATE HWY. 55				
CITY-ST-ZIP	MINNEAPOLIS MN				
TITLE	V	DELETE			
NAME	HAMANN, D.M.				
STREET ADDRESS	12755 STATE HWY. 55				
CITY-ST-ZIP	MINNEAPOLIS MN				
TITLE	S	DELETE			
NAME	WIDELL, GARY G.				
STREET ADDRESS	12755 STATE HWY. 55				
CITY-ST-ZIP	MINNEAPOLIS MN				
TITLE	VPPD	DELETE			
NAME	NAGEL, JOHN R.				
STREET ADDRESS	12755 STATE HWY. 55				
CITY-ST-ZIP	MINNEAPOLIS MN				
TITLE	CFO	DELETE			
NAME	DIRACLES, JOHN M JR.				
STREET ADDRESS	12755 STATE HWY 55				
CITY-ST-ZIP	MINNEAPOLIS MN				
TITLE		DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Change Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	Change Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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 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: D. M. Hamann, VP - Tax 4-17-97 412-540-5883

CR2E034 (9/96)