FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 18 PM 7:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39389** **(2)**

1. Corporation Name

KNUTSON MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
ATTN: CORP. SECRETARY 3001 METRO DR. BLOOMINTON MN 55425	ATTN: CORP. SECRETARY 3001 METRO DR. BLOOMINTON MN 55425

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1992
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: 41-1251574 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) | City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) | Country (25) | Zip (29) | Country (30)

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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 _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	HAYES, GAIL L.	1.2 NAME	
STREET ADDRESS	3001 METRO DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	HAAGENSON, GRACE N.	2.2 NAME	
STREET ADDRESS	3001 METRO DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	HEISE, DEANNE S.	3.2 NAME	
STREET ADDRESS	3001 METRO DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, GLENN R.	4.2 NAME	
STREET ADDRESS	3001 METRO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	GOLDNER, MICHAEL D.	5.2 NAME	
STREET ADDRESS	3001 METRO DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN	5.4 CITY-ST-ZIP	
TITLE	VC	6.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, TIMOTHY D	6.2 NAME	
STREET ADDRESS	3001 METRO DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN	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 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 changed, or on an attachment with an address.

SIGNATURE: Grace N. Haagenson 4/10/95 612-858-4710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0447408 FP