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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P39389

(2)

DOCUMENT #

KNUTSON MORTGAGE CORPORATION								
Principal Place o	f Business	Mailing Address						
ATTN: CORP.	SECRETARY	ATTN: CORP. SECRETA	ARY					
3001 METRO DR.		3001 METRO DR.			<u> </u>			
BLOOMINTON	I MN 55425	BLOOMINTON MN 554	25		3. Date incorporated or Qualified 06/23/1992	3a. Date of L 04/1		
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 41-1251574			Applied For Not Applicable
21		Suite, Apt. #, etc.				_ \$	8.75	Additional
Suite, Apt. #, etc.		27	<b>-</b>		5. Certificate of Status Desired Fee Required			Required
City & State		City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zıp	Cour	ntry	This corporation has liability for in Florida Statutes	ntangible tax ur No	ider s	199.002,
24	25 9. Name and Address of Curren	29	30		10. Name and Address of New R		nt	
	9. Name and Address of Curren	it negistered Agent		81 Name				
07.000	DODATION SYSTEM		-	OO Chroat A	ddress (P.O. Box Number is Not Acceptab	le)		
	PORATION SYSTEM OUTH PINE ISLAND ROAD		82 Street		daress (F.O. Dox Mamber of Not Floodplas			
	TION FL 33324			83				
LEDITIA	HOW TE GOOZI		-	84 City		8	5 Z	p Code
			į.			FL °	1_	
or registere familiar with	n, and accept the obligations of, Sect	tion 607.0505, Florida Statutes	i.		poration submits this statement for the puriously directors. I hereby accept the appropriet of the puriously directors are submitted to the purious of the p	DATE DATE		
	Signature, typed or printed name of registered agent	t and title Tapplicable INC ID DIRECTORS	13.	Agent signature to	ADDITIONS/CHANGES TO OFF	ICERS AND DIF	RECTO	ORS IN 12
TILE	VP OFFICERS AN	DELETE	1. 1 Ti	TLE	C D	<b>K</b> ) (	Change	☐ Addition
NAME	HAYES, GAIL L.	_	1.2 NA	ME	Glenn R. Wilson, Jr.			
STREET ADDRESS	3001 METRO DRIVE		1.3 ST	REET ADDRESS	3001 Metro Drive			
CITY-ST-2IP	BLOOMINGTON MN		1.4 CF	TY-ST-ZIP	Bloomington, MN 5542		Change	Addition
TITLE	\$	☐ DELETE	2 1 T		P D	יוי	mange	KI Addition
NAME	HAAGENSON, GRACE N.		2.2 N		Ray W. Sims			
STREET ADDRESS	3001 METRO DRIVE			REET ADDRESS	3001 Metro Drive Bloomington, MN 554	25		
CITY-ST-ZIP	BLOOMINGTON MN	DELETE	3.11	TY-ST-ZIP	Broomingcon, in 334		Char ge	☐ Addition
TITLE	HEISE, DEANNE S.		32 N	ļ	Michael D. Goldner			
NAME	3001 METRO DRIVE			TREET ADORESS	3001 Metro Drive			
STREET ADDRESS	BLOOMINGTON MN			ITY-SI-ZIP	Bloomington, MN 554			
CITY-ST-ZIP TITLE	PD	DELETE	4.11				Charige	Addition
NAME	WILSON, GLENN R.		4 2 N	AME				
STREET ADDRESS	3001 METRO DR		4.3 S	TREET ADDRESS				
CITY-S1-ZIP	BLOOMINGTON MN			ITY - ST-ZIP			Change	Addition
TITLE	C	DELETE	5.13				S-10-19C	
NAME	GOLDNER, MICHAEL D.		5.2 N					
STREET ADDRESS	3001 METRO DR			TREET ADDRESS				
CITY-ST-ZIP	BLOOMINGTON MN	<b>₹</b> DELETE	5.4 C	TITLE			Change	☐ Addition
THILE	VC JOHNSON, TIMOTHY D	KADILICIL	621					
NAME	3001 METRO DR			STREET ADDRESS				
STREET ADDRESS	DI COUNTRATON MIN		640	11V CT 7ID				
14. I do hereb	by certify that the information supplied	with this filing is voluntarily fu			alify for the exemption stated in Section 11 courate and that my signature shall have the	9.07(3)(k), Florid e same legal ef	la Stat fect as	utes. I further if made under
certify that oath; that appears in	if the information indicated on the control of the	nual report or supplemental and retion or the receiver or trust ron an attachment with an ad-	nnuai report t <del>ee en</del> npowi diess.	is true and ad ered to execu	alify for the exemption stated in Section 11 courate and that my signature shall have the te this report as required by Chapter 607,	Florida Statutes	and t	hat my name
					0.100101			9_6710

Grace N. Haagenson 04/22/96 (612) 858-4710 Daytone Phone # SIGNATURE: