

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 14 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P41068 (8)**

1. Corporation Name  
**BEST BUY CO. OF MINNESOTA, INC.**

Principal Place of Business <b>P.O. BOX 9312 MINNEAPOLIS MN 55440-9312</b>	Mailing Address <b>P.O. BOX 9312 MINNEAPOLIS MN 55440-9312</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/21/1992</b>	3a. Date of Last Report <b>04/18/1994</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>41-0907483</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

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 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULZE, RICHARD M.</b>	1.2 NAME	
STREET ADDRESS	<b>5015 KNOB HILL DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>EDINA MN</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, BRADBURY H.</b>	2.2 NAME	
STREET ADDRESS	<b>1874 SUMMIT AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PAUL MN</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LENZMEIER, ALLEN U.</b>	3.2 NAME	
STREET ADDRESS	<b>322 MISSISSIPPI BLVD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PAUL MN</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAPLAN, ELLIOT S.</b>	4.2 NAME	
STREET ADDRESS	<b>2812 SUNSET BLVD.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MINNEAPOLIS MN</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHOENFELD, LEE H.</b>	5.2 NAME	
STREET ADDRESS	<b>6209 FOX MEADOW LANE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>EDINA MN</b>	5.4 CITY - ST - ZIP	
TITLE	<b>VPC</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOX, ROBERT C</b>	6.2 NAME	
STREET ADDRESS	<b>18400 JAVA TRAIL</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKEVILLE MN</b>	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)(k), 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:**

*Robert G. Fox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Robert G. Fox**

4/7/95 (612) 947-2000

Date (Type in block #)