

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000083352 (2)

1. Corporation Name
FIRSTCALL, INC.

Principal Place of Business
4000 OLSON MEMORIAL HIGHWAY
SUITE 600
MINNEAPOLIS MN 55422-5334

Mailing Address
7900 XERXES AVE. SOUTH
SUITE 1800
MINNEAPOLIS MN 55431-1159



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1994		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. F.I. Number 41-1812266		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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			
85 Zip Code				FL			

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add on
NAME	GOLFUS, DONALD W			1.2 NAME	Gary Johnson		
STREET ADDRESS	7900 XERXES AVE. SOUTH, #1800			1.3 STREET ADDRESS	7900 Xerxes Ave S #1800		
CITY-ST-ZIP	MINNEAPOLIS MN 55431			1.4 CITY-ST-ZIP	Minneapolis, MN 55431		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ANDERSON, GERALD K			2.2 NAME	Terry Hall		
STREET ADDRESS	7900 XERXES AVE. SOUTH, #1800			2.3 STREET ADDRESS	7900 Xerxes Ave S. #1800		
CITY-ST-ZIP	MINNEAPOLIS MN 55431			2.4 CITY-ST-ZIP	Minneapolis MN 55431		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D/P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, LARRY C			3.2 NAME	Larry Anderson		
STREET ADDRESS	4000 OLSON MEMORIAL HIGHWAY			3.3 STREET ADDRESS	4000 Olson Memorial Hwy		
CITY-ST-ZIP	MINNEAPOLIS MN 55422-5334			3.4 CITY-ST-ZIP	Minneapolis, MN 55422-5334		
TITLE	P	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TUSHIE, DAVID			4.2 NAME	James Martineau		
STREET ADDRESS	4000 OLSON MEMORIAQL HIGHWAY #600			4.3 STREET ADDRESS	7900 Xerxes Ave S.		
CITY-ST-ZIP	TMINNEAPOLIS MN			4.4 CITY-ST-ZIP	Minneapolis, MN 55431		
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GARDNER, WILLIAM G.			5.2 NAME	Percy Tomlinson		
STREET ADDRESS	7900 XERXES AE SOUTH #1800			5.3 STREET ADDRESS	7900 Xerxes Aves. #1800		
CITY-ST-ZIP	MINNEAPOLIS MN			5.4 CITY-ST-ZIP	Minneapolis, MN 55431		
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 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. I am attaching with an address _____

SIGNATURE: _____

4/15/97

607-835-1800

CR2E034 (9/96)