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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000083352 (2)

FIRSTCALL, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										
4000 OLSON MEMORIAL HIGHWAY			7900 XERXES AVE. SOUTH							
SUITE 600 MINNEAPOLIS MN 55422-5334			SUITE 1800 MINNEAPOLIS MN 55431				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
MINITERIOLIO MIN GUALE-3004			MINISTRICOLIS MIN 33431				3. Date Incorporated or Qualified	\neg		
							11/15/1994			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number Applied For			
21		26					1-1812266 Not Applical	ble		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
22			27				Fee Required			
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
Zip Country			Zip Country				Trust Fund Contribution	\dashv		
24 24	25	20	29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No			
	9. Name and Address of Current		tered Agent	1301			10. Name and Address of New Registered Agent	ㅓ		
CT CORPORATION SYSTEM					81	Name	ne			
1200 S. PINE ISLAND ROAD						Stroot	at Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324							Address (P.O. Box Number is Not Acceptable)			
					83			1		
					84	City	FL 85 Zip Code	ヿ		
11 Pureuant t	o the provisions of Sections 607 0502	and 6	07 1508 Florida Statul	toe the a	hove	-named		ed		
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					Agent signature required when reinstating) DATE ACCURAGE AND DIFFECTORS AND DIFFE				
12.	OFFICERS AND	DIREC	DELETE	13. 1.1 II	T) E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	tion		
NAME	GOLDFUS, DONALD W		L. DECEN	1.2 N			Robert V. Commagartner	1011		
STREET ADDRESS 7900 XERXES AVE. SOUTH, #1800						ADDRESS	Luna at Memorial Hickory			
CITY-ST-ZIP	MINNEAPOLIS MN 55431				TY - S1		Minne opolis mn			
TITLE	D		DELETE	2.1 TI			1) Ceclas	tion		
NAME	HALL, TERRY		,	2.2 N	AME		Robert & Barbler's 7900 Xerres Ave South #1800			
STREET ADDRESS 7900 XERXES AVE. SOUTH, #1			800			ADDRESS	S 7900 Xelyes Ave South, Till	1		
CITY-ST-ZIP MINNEAPOLIS MN						T-ZIP	Migneyers and SSITE			
TITLE	DP .		▼ DELETE	3.1 TI	TLE		Science April Librarge LX Addition	tion		
NAME	ANDERSON, LARRY C			3.2 N	AME		Induction I Richards			
STREET ADDRESS	4000 OLSON MEMORIAL HIGH	IWAY		3.3 S	TREET	ADDRESS	1'			
CITY-ST-ZIP	MINNEAPOLIS MN			3.4.0	aty-s	T-ZIP	Minneapolis MN 35431			
TITLE	D		☐ DELETE	4.1 11	TLE		Change Addit	tion		
NAME	MARTINEAU, JAMES			4. 2 N	AME					
STREET ADDRESS	7900 XERXES AVE S			1		ADDRESS	\$			
CITY-ST-ZIP	MINNEAPOLIS MN		DELETE		TY-S1		D Characteristics	احدنا		
TITLE	TOMINSON, PERRY		☐ DELETE	5.1 TI			Change Addit	uon		
NAME	7900 XERXES AE SOUTH #18	nn		5.2 N			percy lominous			
STREET ADDRESS	MINNEAPOLIS MN	UU				ADDRESS	Percy Tomlinson Hopo Oben Memorial Hwy. #100 Minneapolis, MN 55422 AT Gary Johnson			
CITY-ST-ZIP	AS MINITERPOLIS MIN		DELETE		TTY - ST	I - ZIP	Minicapolis, MN 55422 AT Change Addit	tion		
TITLE	JOHNSON, GARY			6.1 TI			# 1 Louising® Li waan	11011		
NAME OTOGET ADODESIS	7900 XERXES AVE S #1800			6.2 N		1DDDCCC	Gary Johnson			
STREET ADDRESS	MINNEPOLIS MN				-		» ·			
CITY-ST-ZIP	MINITE VEIV MIT			6.4 C	ITY - \$1	I - ZIP		- 1		

14. I 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 changes, or on an attachment with an eddress.

CR2E034 (10/9