

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

FILED  
Aug 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000000637 (4)**

1. Corporation Name  
**PCUC ACQUISITION SUB, INC.**



Principal Place of Business <b>30 WEST SUPERIOR STREET DULUTH MN 55802</b>	Mailing Address <b>30 WEST SUPERIOR STREET DULUTH MN 55802-2030</b>
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2. Principal Place of Business 21 <b>30 West Superior Street</b>		2a. Mailing Address 26 <b>30 West Superior Street</b>		3. Date Incorporated or Qualified <b>01/03/1996</b>	3a. Date of Last Report <b>N/A</b>
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 <b>Legal Services</b>		4. FEI Number <b>41-1841070</b>	Applied For Not Applicable
City & State 23 <b>Duluth, MN</b>		City & State 28 <b>Duluth, MN</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24 <b>55802</b>	Country 25 <b>St. Louis</b>	Zip 29 <b>55802</b>	Country 30 <b>St. Louis</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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 **N/A**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>Donnie R. Crandell</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>1000 Color Place</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Apopka, FL 32703</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Philip Bergerson</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>30 West Superior Street</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Duluth, MN 55802</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Philip R. Halverson</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>30 West Superior Street</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Duluth, MN 55802</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Donnie R. Crandell</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1000 Color Place</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Apopka, FL 32703</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Vice President/Treasurer</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Philip Bergerson</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>30 West Superior Street</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Vice President/Secretary</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Philip R. Halverson</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>30 West Superior Street</b>

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, or on an attachment with an address.

SIGNATURE *Philip R. Halverson* **Philip R. Halverson** 8/6/97 (218) 723-3064

CR2E034 (9/96)