

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # F95000005512 (7)

1. Corporation Name
QAI, INC.



Principal Place of Business: 28 WEST 5TH ST., SUITE 480 ST. PAUL MN 55102
Mailing Address: 28 WEST 5TH ST., SUITE 480 ST. PAUL MN 55102

3. Date Incorporated or Qualified: 11/13/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 41-1709144
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. 386 N. Wabasha, Suite, Apt. #, etc: 1550, City & State: St. Paul MN, Zip: 55102, Country: [Blank]
2a. Mailing Address: 26. 386 N. Wabasha, Suite, Apt. #, etc: 1550, City & State: St. Paul MN, Zip: 55102, Country: [Blank]

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent: 81 Name: [Blank], 82 Street Address (P.O. Box Number is Not Acceptable): [Blank], 83 [Blank], 84 City: [Blank], FL 85 Zip Code: [Blank]

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: [Blank] Signature typed or printed in block (print name) and the name of the registered agent in block (print name) and the name of the registered agent in block (print name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PC NAME: BAER, ELAM STREET ADDRESS: 28 WEST 5TH ST., SUITE 480 CITY- ST- ZIP: ST. PAUL MN 55102	<input type="checkbox"/> DELETE	1.1 TITLE: [Blank] 1.2 NAME: [Blank] 1.3 STREET ADDRESS: 386 N. Wabasha, Suite 1550 1.4 CITY- ST- ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VCS NAME: GRUNSETH, VICTORIA STREET ADDRESS: 28 WEST 5TH ST., SUITE 480 CITY- ST- ZIP: ST. PAUL MN 55102	<input type="checkbox"/> DELETE	2.1 TITLE: [Blank] 2.2 NAME: [Blank] 2.3 STREET ADDRESS: 386 N. Wabasha, Suite 1550 2.4 CITY- ST- ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GREEN, JEFF STREET ADDRESS: 3401 4TH AVE. N. CITY- ST- ZIP: SIOUX FALLS SD 57104	<input type="checkbox"/> DELETE	3.1 TITLE: [Blank] 3.2 NAME: [Blank] 3.3 STREET ADDRESS: 386 N. Wabasha, Ste. 1550 3.4 CITY- ST- ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: NICHOLS, MARK STREET ADDRESS: 222 S. 9TH ST., 16TH FLOOR CITY- ST- ZIP: MINNEAPOLIS MN 55402	<input type="checkbox"/> DELETE	4.1 TITLE: [Blank] 4.2 NAME: [Blank] 4.3 STREET ADDRESS: 386 N. Wabasha, Suite 1550 4.4 CITY- ST- ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY- ST- ZIP: [Blank]	<input type="checkbox"/> DELETE	5.1 TITLE: [Blank] 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY- ST- ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY- ST- ZIP: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY- ST- ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 199.07(3)(x), 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 person 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: Victoria Grunseth VICTORIA GRUNSETH 4/17/96 6122221501

CR2E034 (12/95)