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FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 843991

(1)

1. Corporation Name

ANALYSTS INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

7615 METRO BOULEVARD
MINNEAPOLIS MN 55439

7615 METRO BOULEVARD
MINNEAPOLIS MN 55439-3051



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1979		3a. Date of Last Report 05/01/1996	
21. Sute, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 41-0905408		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		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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	MCGRATH, GERALD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7615 METRO BOULEVARD	1.2 NAME	
STREET ADDRESS	MINNEAPOLIS, MN 0	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDA, VICTOR C	2.2 NAME	
STREET ADDRESS	7615 METRO BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 0	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, EDWARD M	3.2 NAME	
STREET ADDRESS	7615 METRO BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 0	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAKE, W.K.	4.2 NAME	
STREET ADDRESS	7615 METRO BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHLER, THOMAS R	5.2 NAME	
STREET ADDRESS	7615 METRO BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 0	5.4 CITY-ST-ZIP	
TITLE	CO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, FREDERICK W	6.2 NAME	
STREET ADDRESS	7615 METRO BOULEVARD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS, MN 0	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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTI R. CHARPENTIER

4/16/97

Date

612
885-5900

Daytime Phone #

CR2E034 (9/96)