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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000001486 (0)**

1. Corporation Name

BPS ASSOCIATES, INC.



Principal Place of Business

Mailing Address

7831 GLENROY RD.
STE. 218
BLOOMINGTON MN 55439

7831 GLENROY RD.
STE. 218
BLOOMINGTON MN 55439

3. Date Incorporated or Qualified

03/22/1993

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

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 fee (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME: **PD
COFFEY, LEWIS R**
STREET ADDRESS: **8296 KINGSLEE RD.**
CITY-ST-ZIP: **BLOOMINGTON MN 55438**

TITLE ☐ DELETE

NAME: **VDST
WHELAN, EDWARD L**
STREET ADDRESS: **15831 SUMMIT DR.**
CITY-ST-ZIP: **EDEN PRAIRIE MN 55347**

TITLE ☐ DELETE

NAME: **VP
MCLAREN, CHARLES M**
STREET ADDRESS: **1360 TAMBERWOOD TRAIL**
CITY-ST-ZIP: **WOODBURY MN 55125**

TITLE ☐ DELETE

NAME: **VP
ROONEY, CHARLES F**
STREET ADDRESS: **13661 DULUTH DR.**
CITY-ST-ZIP: **APPLE VALLEY MN 55122**

TITLE ☐ DELETE

NAME: **VP
WALEN, GARY R**
STREET ADDRESS: **4313 GRIMES AVE.**
CITY-ST-ZIP: **EDINA MN 55424**

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200001744362

03/15/96--01034--009

*****200.00**

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 119.07(3)(k), 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: *Edward L. Whelan* Edward L. Whelan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-96

Date

1-612-893-0177

Daytime Phone

CR2E034 (12/95)