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FILED
Feb 03 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 # F95000002069 (1)

1. Corporation Name
BENCHMARK MEDIA SERVICES, INC.



Principal Place of Business: **3800 ANNAPOLIS LANE NORTH PLYMOUTH MN 55447**
 Mailing Address: **3800 ANNAPOLIS LANE NORTH PLYMOUTH MN 55447-5441**

3. Date Incorporated or Qualified: **04/28/1995**
 3a. Date of Last Report: **04/03/1996**
 4. FEI Number: **41-1670847**
 Applied For: Not Applicable:
 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, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTELLA, DONALD E	
STREET ADDRESS	3800 ANNAPOLIS LANE, SUITE 165	
CITY-ST-ZIP	PLYMOUTH MN 55447-5441	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HANSING, THOMAS J	
STREET ADDRESS	3800 ANNAPOLIS LANE, SUITE 165	
CITY-ST-ZIP	PLYMOUTH MN 55447-5441	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LYTLE, DENNIS B	
STREET ADDRESS	3800 ANNAPOLIS LANE, SUITE 165	
CITY-ST-ZIP	PLYMOUTH MN 55447-5441	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SCULLY, DAN	
STREET ADDRESS	3800 ANNAPOLIS LANE, SUITE 165	
CITY-ST-ZIP	PLYMOUTH MN 55447-5441	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEITZKE, THOMAS M	
STREET ADDRESS	3800 ANNAPOLIS LANE, SUITE 165	
CITY-ST-ZIP	PLYMOUTH MN 55447-5441	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	OLSON, ROBERT L	
STREET ADDRESS	3800 ANNAPOLIS LANE, SUITE 165	
CITY-ST-ZIP	PLYMOUTH MN	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP- Sales
6.3 STREET ADDRESS	Peter Kozachok
6.4 CITY-ST-ZIP	3800 Annapolis Lane N Suite 165 Plymouth MN 55447-5441

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

1/11/97 612-551-3100
 Date Daytime Phone #

CR2E034 (9/96)