

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 9:56

DOCUMENT # **P02515** (5)

1. Corporation Name
HAGEN SYSTEMS, INC.

Principal Place of Business: **6438 CITY W. PARKWAY EDEN PRAIRIE MN 55344**
Mailing Address: **6438 CITY W. PARKWAY EDEN PRAIRIE MN 55344**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/25/1984**
3a. Date of Last Report: **02/21/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	41-0966538	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
HOPPER, ROGER 18860 US HWY 19 N SUITE 157 CLEARWATER FL 34624		B1	Name	
		B2	Street Address (P.O. Box Number is Not Acceptable)	
		B3		
		B4	City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGEN, AL	1.2 NAME	CINDY HAGEN
STREET ADDRESS	6438 CITY W. PARKWAY	1.3 STREET ADDRESS	6438 CITY W. PARKWAY
CITY-ST-ZIP	EDEN PRAIRIE MN	1.4 CITY-ST-ZIP	EDEN PRAIRIE MN 55344
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGEN, TOM	2.2 NAME	PAT PETERSON
STREET ADDRESS	6438 CITY W. PARKWAY	2.3 STREET ADDRESS	6438 CITY W. PARKWAY
CITY-ST-ZIP	EDEN PRAIRIE MN	2.4 CITY-ST-ZIP	EDEN PRAIRIE MN 55344
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGEN, RICK	3.2 NAME	
STREET ADDRESS	6438 CITY W. PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGEN, JEAN	4.2 NAME	
STREET ADDRESS	6438 CITY W. PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, STEVEN	5.2 NAME	
STREET ADDRESS	6438 CITY W. PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1-12-95** (612) 944-6865
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR