

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **841134** (0)

1. Corporation Name
ST. PAUL RISK SERVICES, INC.



Principal Place of Business
**385 WASHINGTON STREET
ST PAUL MN 55102**

Mailing Address
**385 WASHINGTON STREET
ST PAUL MN 55102
US**

3. Date Incorporated or Qualified 07/26/1978	3a. Date of Last Report 02/28/1995
4. FEI Number 41-1224875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.03?, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signature typed or printed name of registered agent and date of filing (Print Registered Agent Signature and Date of Filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D/P
NAME	NELSON, JANET	1.2 NAME	
STREET ADDRESS	385 WASHINGTON ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PAUL MN	1.4 CITY - ST - ZIP	55102
TITLE	S	2.1 TITLE	
NAME	BACKBERG, BRUCE A.	2.2 NAME	
STREET ADDRESS	385 WASHINGTON ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PAUL MN	2.4 CITY - ST - ZIP	55102
TITLE	T	3.1 TITLE	V/T
NAME	DYBDAL, ROBERT K	3.2 NAME	
STREET ADDRESS	385 WASHINGTON ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST PAUL, MINNESOTA 00000	3.4 CITY - ST - ZIP	55102
TITLE	D	4.1 TITLE	
NAME	DOUGLASS, ANDREW I.	4.2 NAME	
STREET ADDRESS	385 WASHINGTON ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PAUL, MINNESOTA 00000	4.4 CITY - ST - ZIP	55102
TITLE	DC	5.1 TITLE	
NAME	BROWN, NICHOLAS M. JR	5.2 NAME	
STREET ADDRESS	385 WASHINGTON ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST PAUL, MINNESOTA 00000	5.4 CITY - ST - ZIP	55102
TITLE	see attached	6.1 TITLE	
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 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 M Gerber Edward M. Gerber 2/13/96 (612) 310-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASSISTANT Corporate Secy.

CR2E034 (12/95)