

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 15 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 # 841134

(0)

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



Principal Place of Business

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

Mailing Address

**385 WASHINGTON STREET
ST PAUL MN 55102-1309
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
07/26/1978

3a. Date of Last Report
05/01/1996

4. FEI Number
41-1224875

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

10. Name and Address of New Registered Agent

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 deposit date

(NOTE: Registered Agent signature required when creating filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **P NELSON, JANET**
STREET ADDRESS **385 WASHINGTON ST**
CITY-ST-ZIP **ST. PAUL MN**

TITLE DELETE
NAME **S BACKBERG, BRUCE A.**
STREET ADDRESS **385 WASHINGTON ST.**
CITY-ST-ZIP **ST. PAUL MN**

TITLE DELETE
NAME **T DYBDAL, ROBERT K**
STREET ADDRESS **385 WASHINGTON ST**
CITY-ST-ZIP **ST PAUL, MINNESOTA 00000**

TITLE DELETE
NAME **D DOUGLASS, ANDREW I.**
STREET ADDRESS **385 WASHINGTON ST.**
CITY-ST-ZIP **ST PAUL, MINNESOTA 00000**

TITLE DELETE
NAME **DC BROWN, NICHOLAS M. JR**
STREET ADDRESS **385 WASHINGTON ST**
CITY-ST-ZIP **ST PAUL, MINNESOTA 00000**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**T Don Swanson
385 Washington St.
St. Paul, MN 55102**
**D Mike Conroy
385 Washington St.
St. Paul, MN 55102**
**D/c/P Pat Thiele
385 Washington St.
St. Paul, MN 55102**

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 change is on an attachment with an address.

SIGNATURE: *[Signature]*

4-28-97 612-240-248

CR2E034 (9/96)