

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

9125110

PROFIT CORPORATION ANNUAL REPORT 1998



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 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (26-29) details including Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **07/26/1978**
 4. FEI Number: **41-1224875**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 (81-85):
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, JANET	
STREET ADDRESS	385 WASHINGTON ST	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAKBERG, BRUCE A.	
STREET ADDRESS	385 WASHINGTON ST.	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SWANSON, DON	
STREET ADDRESS	385 WASHINGTON ST	
CITY-ST-ZIP	ST PAUL, MINNESOTA 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONROY, MIKE	
STREET ADDRESS	385 WASHINGTON ST.	
CITY-ST-ZIP	ST PAUL, MINNESOTA 00000	
TITLE	DCP	<input type="checkbox"/> DELETE
NAME	THIRLE, PAT	
STREET ADDRESS	385 WASHINGTON ST	
CITY-ST-ZIP	ST PAUL, MINNESOTA 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 _____ DATE **7/20/98**

CR2E034 (5/98)

NAMES AND ADDRESS OF OFFICERS AND DIRECTORS OF
ST. PAUL RISK SERVICES, INC.

OFFICERS

<u>NAME AND OFFICE</u>	<u>DATE TO OFFICE</u>	<u>ADDRESS</u>
Pat Thiele Chairman, President & C.E.O.	5/3/96	385 Washington St. St. Paul, MN 55102
Bruce A. Backberg Vice President & Corporate Secretary	4/28/94	385 Washington St. St. Paul, MN 55102
Don Swanson Vice President & Treasurer	7/1/96	385 Washington St. St. Paul, MN 55102
Jerome D. Hoffman Vice President-Claims	1/12/95	385 Washington St. St. Paul, MN 55102
Maureen Phillips Vice President	1/20/97	385 Washington St. St. Paul, MN 55102
Edward M. Gerber Assistant Corporate Secretary	4/27/95	385 Washington St. St. Paul, MN 55102

DIRECTORS

<u>NAME</u>		<u>ADDRESS</u>
Mike Conroy	1/20/97	385 Washington St. St. Paul, MN 55102
Pat Thiele	5/3/96	385 Washington St. St. Paul, MN 55102
Janet R. Nelson	4/27/89	385 Washington St. St. Paul, MN 55102