

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

0548903

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90175 017 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 841134
 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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | | |
|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified 07/26/1978 | 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|---------------------------------|---------------------------------|
| TITLE | D | |
| NAME | NELSON, JANET | |
| STREET ADDRESS | 385 WASHINGTON ST | |
| CITY-ST-ZIP | ST. PAUL MN | |
| TITLE | S | |
| NAME | BACKBERG, BRUCE A. | |
| STREET ADDRESS | 385 WASHINGTON ST. | |
| CITY-ST-ZIP | ST. PAUL MN | |
| TITLE | T | |
| NAME | SWANSON, DON | |
| STREET ADDRESS | 385 WASHINGTON ST | |
| CITY-ST-ZIP | ST PAUL, MINNESOTA 00000 | |
| TITLE | D | |
| NAME | CONROY, MIKE | |
| STREET ADDRESS | 385 WASHINGTON ST. | |
| CITY-ST-ZIP | ST PAUL, MINNESOTA 00000 | |
| TITLE | DCP | |
| 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 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|-------------------------------|--|-----------------------------------|
| 1.1 TITLE | | | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME | Sandra U. Wiese | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | Thomas A. Bradley | | |
| 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 checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | Douglas W. Leatherdale | | |
| 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, with all other like empowered.

SIGNATURE: Sandra Ulsaker Wiese Sandra Ulsaker Wiese Date 3/16/99 Daytime Phone # 651-310-8506

CR2E034 (11/98)