

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-01-2004 90002 009 ***550.00

DOCUMENT # F02000005404
 1. Entity Name
WAMINET GOVERNMENT SERVICES, INC.



Principal Place of Business
655 LONE OAK DRIVE
EAGAN, MN 55121

Mailing Address
655 LONE OAK DRIVE
EAGAN, MN 55121

66430517 -----



2. Principal Place of Business
6100 W. 110th Street
 Suite, Apt. #, etc.

3. Mailing Address
6100 W. 110th Street
 Suite, Apt. #, etc.

06082004 Chg-P CR2E034 (10/03)

City & State
Bloomington, MN

4. FEI Number
41-1985546

Applied For
 Not Applicable

Zip
55438

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lisa Gray* (NOTE: Registered Agent signature required when reinstating) DATE 6/23/04

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	SWIMM, KENNETH	
STREET ADDRESS	655 LONE OAK DRIVE	
CITY-ST-ZIP	EAGAN, MN 55121	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, MICHAEL	
STREET ADDRESS	655 LONE OAK DRIVE	
CITY-ST-ZIP	EAGAN, MN 55121	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OWENS, WILLIAM	
STREET ADDRESS	655 LONE OAK DRIVE	
CITY-ST-ZIP	EAGAN, MN 55121	
TITLE	PT	<input type="checkbox"/> Delete
NAME	BARBEE, MICHAEL	
STREET ADDRESS	655 LONE OAK DRIVE	
CITY-ST-ZIP	EAGAN, MN 55121	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAY, LISA A	
STREET ADDRESS	655 LONE OAK DRIVE	
CITY-ST-ZIP	EAGAN, MN 55121	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swimm, Kenneth	
STREET ADDRESS	6100 West 110th Street	
CITY-ST-ZIP	Bloomington, MN 55438	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Michael	
STREET ADDRESS	6100 West 110th Street	
CITY-ST-ZIP	Bloomington, MN 55438	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lenard Tessler	
STREET ADDRESS	6100 West 110th Street	
CITY-ST-ZIP	Bloomington, MN 55438	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brad Gold	
STREET ADDRESS	6100 West 110th Street	
CITY-ST-ZIP	Bloomington, MN 55438	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Barbee	
STREET ADDRESS	6100 West 110th Street	
CITY-ST-ZIP	Bloomington, Minnesota 55438	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa A. Gray	
STREET ADDRESS	6100 West 110th Street	
CITY-ST-ZIP	Bloomington, MN 55438	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa A. Gray* Lisa A. Gray 6/15/04 952-344-3584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 5

66430517



#F82000003464

July 15, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2004 Annual Report
WAM!NET Government Services, Inc.

Dear Sir or Madam:

On behalf of WAM!NET Government Services, Inc., I resubmit herewith its 2004 Annual Report, now signed in the proper place by an officer of the company. I also enclose a copy of your transmittal letter of July 2, 2004. Fees in amount of \$550.00 were paid with the earlier submission.

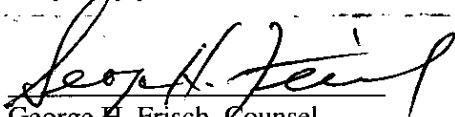
Please direct your response or inquiry to me at:

WAM!NET Government Services Inc.
6100 W. 110th St.
Bloomington, MN 554438.

I may be reached by telephone at (952) 346-3699, or by facsimile transmission at (952) 346-3660.

Thank you for your attention and courtesies in this matter.

Very truly yours,


George H. Frisch, Counsel

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE PRINT NAME AND ADDRESS OF ADDRESSEE

DATE

Attachment 66430517
Doc. # F02000005404
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June 21, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2004 Annual Report
WAM!NET Government Services, Inc.

Dear Sir or Madam:

On behalf of WAM!NET Government Services, Inc., I enclose its 2004 Annual Report, together with filing fees in amount of \$550 .

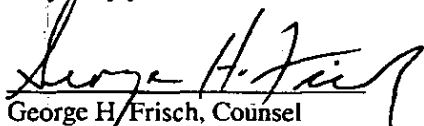
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Thank you for your attention and courtesies in this matter.

Very truly yours,


George H. Frisch, Counsel

WAM!NET, Inc. and WAM!NET Government Services, Inc.

6100 West 110th Street · Bloomington, MN 55438 USA · 952-346-3500 · 800.585.1133 · fax: 952-346-3501 · www.wamnetgov.com