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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State
04-30-1999 90196 012 ***150.00

DOCUMENT # **F98000002613**

1. Corporation Name
NATIONAL DAKOTA SERVICES LIMITED CORPORATION

Principal Place of Business	Mailing Address
20825 SWENSON DR.. STE. 150 WAUKESHA WI 53186	20825 SWENSON DR.. STE. 150 WAUKESHA WI 53186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/02/1998

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

4. FEI Number: 39-1885099 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCEO	☒ DELETE	1.1 TITLE	President / Director	☐ Change ☒ Addition
NAME	HALL, GLENN		1.2 NAME	Ted Lasser	
STREET ADDRESS	20800 SWENSON DR., STE. 440		1.3 STREET ADDRESS	20825 Swenson Dr	
CITY-ST-ZIP	WAUKESHA WI 53186		1.4 CITY-ST-ZIP	Waukesha WI 53186	
TITLE	CFO	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	FOSTER, GORDON		2.2 NAME	Michael Kerus	
STREET ADDRESS	20800 SWENSON DR., STE. 440		2.3 STREET ADDRESS	20825 Swenson Dr	
CITY-ST-ZIP	WAUKESHA WI 53186		2.4 CITY-ST-ZIP	Waukesha WI 53186	
TITLE	COO	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TOVAR, TERRANCE		3.2 NAME		
STREET ADDRESS	20800 SWENSON DR., STE. 440		3.3 STREET ADDRESS		
CITY-ST-ZIP	WAUKESHA WI 53186		3.4. CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, CRAIG		4. 2 NAME		
STREET ADDRESS	20800 SWENSON DR., STE. 440		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAUKESHA WI 53186		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, STEVEN		5.2 NAME		
STREET ADDRESS	20800 SWENSON DR., STE. 440		5.3 STREET ADDRESS		
CITY-ST-ZIP	WAUKESHA WI 53186		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COX, JOSEPH		6.2 NAME		
STREET ADDRESS	20800 SWENSON DR., STE. 440		6.3 STREET ADDRESS		
CITY-ST-ZIP	WAUKESHA WI 53186		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: SIGNATURE REQUIRED — 04/26/99 — 414-717-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #