

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

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90031 026 ***150.00

05-49305

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P02236

1. Corporation Name METRACOMP INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5130 EISENHOWER BLVD FIRST FLOOR TAMPA FL 33634 US
Mailing Address 9900 BREN RD EAST 300 OPUS CENTER MINNETONKA MN 55343 US

3. Date Incorporated or Qualified 05/31/1984
4. FEI Number 06-1095987 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 owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE D DELETE
NAME ~~MCQUIRE, WILLIAM W. M.D~~
STREET ADDRESS ~~9900 BREN RD E STE 300~~
CITY-ST-ZIP ~~MINNETONKA MN 55343~~
TITLE ~~DVP~~ DELETE
NAME ~~KORPE, DAVID P.~~
STREET ADDRESS 9900 BREN RD E STE 300
CITY-ST-ZIP MINNETONKA MN 55343
TITLE D DELETE
NAME ~~WILLO, TRAVERS H.~~
STREET ADDRESS 9900 BREN RD E STE 300
CITY-ST-ZIP MINNETONKA MN 55343
TITLE S DELETE
NAME ~~SPICOLA, BRIGID M.~~
STREET ADDRESS 9900 BREN RD E STE 300
CITY-ST-ZIP MINNETONKA MN 55343
TITLE T DELETE
NAME WEISS, ALLAN J.
STREET ADDRESS ~~9900 BREN RD E STE 300~~
CITY-ST-ZIP ~~MINNETONKA MN 55343~~
TITLE VP - Taxes DELETE
NAME FLOTTEMESCH, DIANE L.
STREET ADDRESS ~~9900 BREN RD E STE 300~~
CITY-ST-ZIP ~~MINNETONKA MN 55343~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D,P, CEO Change Addition
1.2 NAME Edward B. Brown
1.3 STREET ADDRESS 450 Columbus Blvd
1.4 CITY-ST-ZIP Hartford, CT 06115
2.1 TITLE D Change Addition
2.2 NAME Jeannine M. Rivet
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE D Change Addition
3.2 NAME Robert J. Sheehy
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME Timothy F. Ryan
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS 5901 Lincoln Drive
5.4 CITY-ST-ZIP Edina, MN 55346
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS 5901 Lincoln Drive
6.4 CITY-ST-ZIP Edina, MN 55346

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 Timothy F. Ryan 3/15/99 612-936-1839
DATE Daytime Phone #

CR2E034 (1/198)