

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000015458

FILED
Apr 24, 2009
Secretary of State

Entity Name: ABR INFORMATION SERVICES, INC.

Current Principal Place of Business:

3201 34TH STREET S.
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

3311 E. OLD SHAKOPEE RD
ATTN: TAX DEPT
MINNEAPOLIS, MN 55425

New Mailing Address:

3311 E. OLD SHAKOPEE RD
ATTN: TAX DEPT-HQE04B
MINNEAPOLIS, MN 55425

FEI Number: 59-3228107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHADE, JOHN J
Address: 3201 34TH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33711

Title: VP () Delete
Name: ADAM, JURGEN K
Address: 3311 E OLDSHAKOPEE RD
City-St-Zip: MINNEAPOLIS, MN 55425

Title: VS/D () Delete
Name: SHERIDAN, MICHAEL W
Address: 5301 MARYLAND WAY
City-St-Zip: BRENTWOOD, TN 37027

Title: AS () Delete
Name: PIEHLER-SHAW, KAREN
Address: 3311 E. OLD SHAKEPEE RD
City-St-Zip: MINNEAPOLIS, MN 55425

Title: VT () Delete
Name: KUHNAN, DAVID B
Address: 3311 E OLD SHAKOPEE RD
City-St-Zip: MINNEAPOLIS, MN 55425

Title: VAS () Delete
Name: SHAW, ANN C
Address: 3311 E OLD SHAKOPEE RD
City-St-Zip: MINNEAPOLIS, MN 55425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN PIEHLER-SHAW

AS

04/24/2009

Electronic Signature of Signing Officer or Director

Date