

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000111

**FILED**  
**Apr 01, 2016**  
**Secretary of State**  
**CC8468539930**

**Entity Name:** QUMU CORPORATION

**Current Principal Place of Business:**

510 1ST AVENUE NORTH, SUITE 305  
MINNEAPOLIS, MN 55403

**Current Mailing Address:**

510 1ST AVENUE NORTH, SUITE 305  
MINNEAPOLIS, MN 55403 US

**FEI Number:** 41-1577970

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title           PRESIDENT, CHAIRMAN OF THE BOARD  
Name           HANZLIK, VERN  
Address        510 1ST AVENUE NORTH, SUITE 305  
City-State-Zip: MINNEAPOLIS MN 55403

Title           SECRETARY, CFO  
Name           GOEPFRICH, PETER  
Address        510 1ST AVENUE NORTH, SUITE 305  
City-State-Zip: MINNEAPOLIS MN 55403

Title           DIRECTOR  
Name           FISHBACK, DANIEL R.  
Address        510 1ST AVENUE NORTH, SUITE 305  
City-State-Zip: MINNEAPOLIS MN 55403

Title           DIRECTOR  
Name           MADISON, THOMAS F.  
Address        510 1ST AVENUE NORTH, SUITE 305  
City-State-Zip: MINNEAPOLIS MN 55403

Title           DIRECTOR  
Name           NELSON, KIMBERLY K.  
Address        510 1ST AVENUE NORTH, SUITE 305  
City-State-Zip: MINNEAPOLIS MN 55403

Title           DIRECTOR  
Name           NETTER, DONALD R.  
Address        510 1ST AVENUE NORTH, SUITE 305  
City-State-Zip: MINNEAPOLIS MN 55403

Title           DIRECTOR  
Name           ORLANDO, JUSTIN A.  
Address        510 1ST AVENUE NORTH, SUITE 305  
City-State-Zip: MINNEAPOLIS MN 55403

Title           CHAIRMAN OF THE BOARD  
Name           OLSON, ROBERT F.  
Address        510 1ST AVENUE NORTH, SUITE 305  
City-State-Zip: MINNEAPOLIS MN 55403

*I hereby 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 all other like empowered.*

**SIGNATURE:** PETER GOEPFRICH

**CFO**

**04/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date