

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F1400000111

**FILED**  
**Mar 21, 2019**  
**Secretary of State**  
**2409359986CC**

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

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

Title SECRETARY, TREASURER  
Name RISTOW, DAVE  
Address 510 1ST AVENUE NORTH  
SUITE 305  
City-State-Zip: MINNEAPOLIS MN 55403

Title DIRECTOR  
Name HANZLIK, VERN  
Address 510 1ST AVENUE NORTH  
SUITE 305  
City-State-Zip: MINNEAPOLIS MN 55403

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

**Continues on page 2**

*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:** VERN HANZLIK

**PRESIDENT**

**03/21/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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