

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

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 844726 (0)**

1. Corporation Name  
**SMARTE CARTE, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>4455 WHITE BEAR LAKE MN 55110 US</b> | Mailing Address<br><b>4455 WHITE BEAR PKWY ST PAUL MN 55110 US</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                |                  |                         |                  |  |                                       |
|--------------------------------|------------------|-------------------------|------------------|--|---------------------------------------|
| 2. Principal Place of Business |                  | 2a. Mailing Address     |                  | 3. Date Incorporated or Qualified<br><b>11/30/1979</b>   |                                       |
| 21. Suite, Apt. #, etc.        | 22. City & State | 26. Suite, Apt. #, etc. | 27. City & State | 4. FEI Number<br><b>41-0965374</b>   | Applied For<br>Not Applicable         |
| 23. Zip                        | 25. Country      | 28. Zip                 | 30. Country      | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |
|                                |                  |                         |                  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees    |
|                                |                  |                         |                  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|   |  |  |  |  |           |              |  |
|---|--|--|--|--|-----------|--------------|--|
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent           |           |              |  |
| <b>CT CORPORATION SYSTEM<br/>                 1200 S. PINE ISLAND ROAD<br/>                 PLANTATION FL 33324</b> |  |  |  | 81. Name   |           |              |  |
|   |  |  |  | 82. Street Address (P.O. Box Number is Not Acceptable) |           |              |  |
|   |  |  |  | 83.  |           |              |  |
|   |  |  |  | 84. City   | <b>FL</b> | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             |
|----------------------------|---|---|-----------------------------|
| TITLE                      | <b>SD</b>                               | 1.1 TITLE   | <b>COO</b>                  |
| NAME                       | <b>SOLBERG, CONRAD J.</b>               | 1.2 NAME  |                             |
| STREET ADDRESS             | <b>5357 W. BALD EAGLE BLVD.</b>         | 1.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                | <b>WHITE BEAR LAKE MN</b>               | 1.4 CITY-ST-ZIP                                       |                             |
| TITLE                      | <b>CEO</b>                              | 2.1 TITLE   | <b>UP &amp; Controller</b>  |
| NAME                       | <b>GRANT MCLENNAN</b>                   | 2.2 NAME  | <b>James N. Meyer</b>       |
| STREET ADDRESS             | <b>2504 MANITOU ISLAND</b>              | 2.3 STREET ADDRESS                                    | <b>1264 Wyarrest Ct</b>     |
| CITY-ST-ZIP                | <b>WHITE BEAR LAKE MN</b>               | 2.4 CITY-ST-ZIP                                       | <b>Arden Hills MN 55112</b> |
| TITLE                      | <b>SCFO</b>                             | 3.1 TITLE   | <b>VPCFO</b>                |
| NAME                       | <b>GARRET S ROOSMA</b>                  | 3.2 NAME  |                             |
| STREET ADDRESS             | <b>12175 UPPER HEATHER AVENUE NORTH</b> | 3.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                | <b>HUGO MN</b>                          | 3.4 CITY-ST-ZIP                                       |                             |
| TITLE                      | <b>PD</b>                               | 4.1 TITLE   |                             |
| NAME                       | <b>BRAD STANIUS</b>                     | 4.2 NAME  |                             |
| STREET ADDRESS             | <b>4180 MYRLE AVE</b>                   | 4.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                | <b>WHITE BEAR LAKE MN</b>               | 4.4 CITY-ST-ZIP                                       |                             |
| TITLE                      | <b>VP</b>                               | 5.1 TITLE   | <b>UP</b>                   |
| NAME                       | <b>EUGENE R PASTIEN</b>                 | 5.2 NAME  | <b>Thomas Duffy</b>         |
| STREET ADDRESS             | <b>9180 JUSTEN TRAIL</b>                | 5.3 STREET ADDRESS                                    | <b>7170 Deerwood Lane</b>   |
| CITY-ST-ZIP                | <b>STILLWATER MN</b>                    | 5.4 CITY-ST-ZIP                                       | <b>Maple Grove MN 55369</b> |
| TITLE                      |   | 6.1 TITLE   |                             |
| NAME                       |   | 6.2 NAME  |                             |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |                             |

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 asterisk.

**SIGNATURE:** \_\_\_\_\_ **4/13/98** **(612) 429-3614**

CR2E034 (10/97)