

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844726 (0)
1. Corporation Name
SMARTE CARTE, INC.

Principal Place of Business
4455
WHITE BEAR LAKE MN 55110
US

Mailing Address
4455 WHITE BEAR PKWY
ST PAUL MN 55110
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-0965374	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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	SD	1.1 TITLE	COO
NAME	SOLBERG, CONRAD J.	1.2 NAME	
STREET ADDRESS	5357 W. BALD EAGLE BLVD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	WHITE BEAR LAKE MN	1.4 CITY- ST- ZIP	
TITLE	CEO	2.1 TITLE	UP & Controller
NAME	GRANT MCLENNAN	2.2 NAME	James N. Meyer
STREET ADDRESS	2504 MANITOU ISLAND	2.3 STREET ADDRESS	1264 Wyarrest Ct
CITY- ST- ZIP	WHITE BEAR LAKE MN	2.4 CITY- ST- ZIP	Arden Hills MN 55112
TITLE	SCFO	3.1 TITLE	VPCFO
NAME	GARRET S ROOSMA	3.2 NAME	
STREET ADDRESS	12175 UPPER HEATHER AVENUE NORTH	3.3 STREET ADDRESS	
CITY- ST- ZIP	HUGO MN	3.4 CITY- ST- ZIP	
TITLE	PD	4.1 TITLE	
NAME	BRAD STANIUS	4.2 NAME	
STREET ADDRESS	4180 MYRLE AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	WHITE BEAR LAKE MN	4.4 CITY- ST- ZIP	
TITLE	VP	5.1 TITLE	UP
NAME	EUGENE R PASTIEN	5.2 NAME	Thomas Duffy
STREET ADDRESS	9180 JUSTEN TRAIL	5.3 STREET ADDRESS	7170 Deerwood Lane
CITY- ST- ZIP	STILLWATER MN	5.4 CITY- ST- ZIP	Maple Grove MN 55369
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)