

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90183 035 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 844726

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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | | |
|--|---------------------------------------|---|
| 3. Date Incorporated or Qualified 11/30/1979 | 4. FEI Number 41-0965374 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

| | | |
|----------------|----------------------------------|--|
| TITLE | COO | <input checked="" type="checkbox"/> DELETE |
| NAME | SOLBERG, CONRAD J. | |
| STREET ADDRESS | 5357 W. BALD EAGLE BLVD. | |
| CITY-ST-ZIP | WHITE BEAR LAKE MN | |
| TITLE | VPC | <input type="checkbox"/> DELETE |
| NAME | MEYER, JAMES N | |
| STREET ADDRESS | 1264 WYACREST CT | |
| CITY-ST-ZIP | ARDEN HILLS MN 55112 | |
| TITLE | VCFO | <input type="checkbox"/> DELETE |
| NAME | GARRET S ROOSMA | |
| STREET ADDRESS | 12175 UPPER HEATHER AVENUE NORTH | |
| CITY-ST-ZIP | HUGO MN | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BRAD STANIUS | |
| STREET ADDRESS | 4160 MYRLE AVE | |
| CITY-ST-ZIP | WHITE BEAR LAKE MN | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | DUFFY, THOMAS | |
| STREET ADDRESS | 7170 DEERWOOD LANE | |
| CITY-ST-ZIP | MAPLE GROVE MN 55369 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | Michael Cleary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | 6510 Atlanta Dr | |
| 1.3 STREET ADDRESS | colleyville TX 76034 | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 address, with all other like empowered.

SIGNATURE: *James N Meyer* **SIGNATURE REQUIRED** 4/2/99 Date _____ Daytime Phone # _____

CR2E034 (11/98)