

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 844726
 1. Entity Name
 SMARTE CARTE, INC.



Principal Place of Business Mailing Address
 4455 WHITE BEAR PARKWAY 4455 WHITE BEAR PKWY
 ST PAUL, MN 55110 US ST PAUL, MN 55110 US



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 41-0965374 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 526 E PARK AVENUE
 TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPC
NAME	MEYER, JAMES N
STREET ADDRESS	1264 WYACREST CT
CITY - ST - ZIP	ARDEN HILLS, MN 55112
TITLE	VCFO
NAME	GARRET S ROOSMA
STREET ADDRESS	12175 UPPER HEATHER AVENUE NORTH
CITY - ST - ZIP	HUGO, MN
TITLE	VP
NAME	GROVER, JEAN A
STREET ADDRESS	14371 CORMORANT WAY
CITY - ST - ZIP	ROSEMOUNT, MN 55068
TITLE	CEO
NAME	RUDIS, EDWARD D
STREET ADDRESS	5717 VERNON AVE
CITY - ST - ZIP	MINNEAPOLIS, MN 55436
TITLE	P
NAME	RUDIS, EDWARD D
STREET ADDRESS	5717 VERNON AVE
CITY - ST - ZIP	MINNEAPOLIS, MN 55436
TITLE	VP
NAME	CARR, JOHN C
STREET ADDRESS	190 WILDRIDGE RD
CITY - ST - ZIP	MAHTOMEDI, MN 55115

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 01/23/04-80025-007 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment, with an address, with all other officers empowered.

SIGNATURE: James N Meyer 1/15/04 651-653-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #