## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000003685

Entity Name: NATIONAL INFORMATION SOLUTIONS COOPERATIVE, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
3201 NYGREN DRIVE NW MANDAN, ND 58554					
Current Mailing Address:			New Mailing Address:		
PO BOX 728 MANDAN, ND 58554					
FEI Number: 43-1879364 FEI Number Applied For ( ) FEI Num			nber Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: N				Address of New 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	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	C () E MILLER, MICHAE 3201 NYGREN D MANDAN, ND 58	RIVE NW	Title: Name: Address: City-St-Zip:	CHR (X) Change ( ) Addition FREUDE, PAUL 1831 ANNE ST NW BEMIDJI, MN 56601 US	
Title: Name: Address: City-St-Zip:	VC () EFREUDE, PAUL 3201 NYGREN D MANDAN, ND 58		Title: Name: Address: City-St-Zip:	VC (X) Change () Addition HARRIS, JOE 300 WEST DOOLIN BLACKWELL, OK 74631 US	
Title: Name: Address: City-St-Zip:	CEO () [ DOSCH, VERNO 3201 NYGREN D MANDAN, ND 58	RIVE NW	Title: Name: Address: City-St-Zip:	CEO (X) Change ( ) Addition DOSCH, VERNON 3201 NYGREN DRIVE NW MANDAN, ND 58554 US	
Title: Name: Address: City-St-Zip:	S () E BROTHEN, RON 3201 NYGREN D MANDAND, ND	RIVE	Title: Name: Address: City-St-Zip:	SEC (X) Change ( ) Addition KNEGENDORF, LARRY 930 MAPLE ST BALDWIN, WI 54002 US	
Title: Name: Address: City-St-Zip:	T () E KNEGENDORF, 3201 NYGREN D MANDAN, ND 58	RIVE NW	Title: Name: Address: City-St-Zip:	TREA (X) Change ( ) Addition YODER, ROGER 15461 US RTE 125 MARYSVILLE, OH 43040	
Title: Name: Address: City-St-Zip:	CFO () E PORTER, TRACY 3201 NYGREN D MANDAN, ND 58	RIVE NW	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VERNON DOSCH CEO 04/15/2009