2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005974

Entity Name: DMS IMAGING, INC

FILED Mar 17, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
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2101 NORTH UNIVERSITY DRIVE FARGO, ND 58102

Current Mailing Address: New Mailing Address:

2101 NORTH UNIVERSITY DRIVE FARGO, ND 58102

FEI Number: 45-0386364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: P () Delete Title: CEO (X) Change () Addition Name: WILSON, PAUL Name: WILSON, PAUL J

Address: 4739 ROSE CREEK PARKWAY Address: 2101 NORTH UNIVERSITY DRIVE

 City-St-Zip:
 FARGO, ND 58104
 City-St-Zip:
 FARGO, ND 58102

Title: CSD () Delete Title: DIR (X) Change () Addition Name: ERICKSON, JOHN D Name: ERICKSON, JOHN D

Address: 1098 WESTSIDE DR Address: 215 SOUTH CASCADE STREET

City-St-Zip: FERGUS FALLS, MN 56537 City-St-Zip: FERGUS FALLS, MN 56538

Title: D () Delete Title: DIR (X) Change () Addition

Name: MOLBERT, LAURIS N Name: MOLBERT, LAURIS N

Address: 4484 OAK CREEK DRIVE Address: 4334 18TH AVENUE SW, SUITE 200

City-St-Zip: FARGO, ND 58104 City-St-Zip: FARGO, ND 58103

Title: T () Delete Title: TRES (X) Change () Addition Name: MOUG, KEVIN Name: MOUG, KEVIN

Address: 715 HACKBERRY DR. S. Address: 4334 18TH AVENUE SW, SUITE 200

City-St-Zip: FARGO, ND 58104 City-St-Zip: FARGO, ND 58103

Title: CEO () Delete Title: CFO (X) Change () Addition

Name: WILSON, PAUL J Name: HEIDEN, STACIE R

Address: 4739 ROSE CREEK PARKWAY Address: 2101 NORTH UNIVERSITY DRIVE

City-St-Zip: FARGO, ND 58104 City-St-Zip: FARGO, ND 58102

 $\label{eq:title: SECR (X) Change () Addition} \begin{tabular}{ll} Title: & SECR & (X) Change () Addition \\ \end{tabular}$

 Name:
 KOECK, GEORGE A
 Name:
 KOEK, GEORGE A

 Address:
 1755 SOUTH 9TH ST
 Address:
 4334 18TH AVENUE SW, SUITE 200

City-St-Zip: FARGO, ND 58103 City-St-Zip: FARGO, ND 58103

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: STACIE R. HEIDEN CFO 03/17/2009