

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000005974

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: DMS IMAGING, INC.

**Current Principal Place of Business:**

2101 NORTH UNIVERSITY DRIVE  
FARGO, ND 58102

**New Principal Place of Business:**

**Current Mailing Address:**

2101 NORTH UNIVERSITY DRIVE  
FARGO, ND 58102

**New Mailing Address:**

FEI Number: 45-0386364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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:**

Title: P ( ) Delete  
Name: SANDERSON, BEN  
Address: 4227 GOLDEN VALLEY ROAD  
City-St-Zip: GOLDEN VALLEY, MN 55422

Title: V ( ) Delete  
Name: THOM, N. BRUCE  
Address: RR5, BOX 245  
City-St-Zip: FERGUS FALLS, ND 56537

Title: CSD ( ) Delete  
Name: MOLBERT, LAURIS N  
Address: 4484 OAK CREEK DRIVE  
City-St-Zip: FARGO, ND 58104

Title: T ( ) Delete  
Name: MOUG, KEVIN  
Address: 715 HACKBERRY DR. S.  
City-St-Zip: FARGO, ND 58104

Title: CEO ( ) Delete  
Name: SANDERS, WAYNE  
Address: 3520 21ST STREET SOUTH  
City-St-Zip: FARGO, ND 58104

Title: CFO ( ) Delete  
Name: DODA, MARK  
Address: 282 44TH AVENUE SOUTH  
City-St-Zip: MOORHEAD, MN 56560

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SALLY DUVAL

AT

04/29/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

JENNIFER O. SMESTAD, ASSISTANT SECRETARY  
PO BOX 945  
FERGUS FALLS, MN 56538

SALLY L. DUVAL, ASSISTANT TREASURER  
1816 CHARLESWOOD ESTATES DRIVE  
WEST FARGO, ND 58078

BRADLEY S. WILLIAMS, VP  
4336 CARRIE ROSE LANE  
FARGO, ND 58104

DOUGLAS J. HOLMBERG, VP  
5112 FERNWOOD DRIVE  
SIOUX FALLS, SD 57110

JEFFREY AXELROD, VP  
15890 YORK CIRCLE NORTHWEST  
RAMSEY, MN 55303

JIM BALLAN, VP  
7206 ALPINE ROAD NORTHWEST  
BEMIDJI, MN 56601

JAMES ADANK, ,CIO  
2208 VICTORIA ROSE LANE  
FARGO, ND 58104

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