2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000001861

1. Entity Name
EDI ENTERPRISES, INCORPORATED

Principal Place of Business
5100 THIMSEN AVENUE STE. 1
MINNETONKA, MN 55345

Mailing Address
5100 THIMSEN AVENUE STE. 1
MINNETONKA, MN 55345

02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1779306
☐ Applied For
☐ 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

U00000083341
03/10/04-80057-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	DORIN, MICHAEL
STREET ADDRESS	18862 BARRINTON DRIVE
CITY-ST-ZIP	EDEN PRAIRIE, MN 55346
TITLE	VCVP
NAME	RATCLIFF, DAN
STREET ADDRESS	1319 RAVENWOOD DRIVE
CITY-ST-ZIP	WACONIA, MN 55387
TITLE	DS
NAME	MCCLURE, SCOTT
STREET ADDRESS	100 EVENGREEN DRIVE NE
CITY-ST-ZIP	ROCHESTER, MN 55906
TITLE	T
NAME	DORIN, JUDITH
STREET ADDRESS	18862 BARRINTON DRIVE
CITY-ST-ZIP	EDEN PRAIRIE, MN 55346
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: Michael Dorin 3/4/2004 952-401-8912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #