

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 02, 2005 8:00 am
Secretary of State**

05-03-2005 90150 021 ***150.00

DOCUMENT # F05000000071	
1. Entity Name AVIDYN HOLDINGS, INC.	

Principal Place of Business 6160 SUMMIT DRIVE, SUITE 500 BROOKLYN CENTER, MN 55430	Mailing Address 6160 SUMMIT DRIVE, SUITE 500 BROOKLYN CENTER, MN 55430
--	--

DO NOT WRITE IN THIS SPACE

66020581



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2741618	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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.

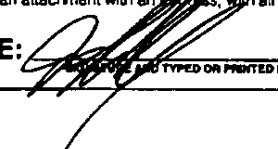
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$180.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE D	COX, JAMES
NAME	6160 SUMMIT DRIVE, SUITE 500
STREET ADDRESS	BROOKLYN CENTER, MN 55430
CITY- ST- ZIP	DIRECTOR
TITLE D	LOGGART, JAMES
NAME	6160 SUMMIT DRIVE, SUITE 500
STREET ADDRESS	BROOKLYN CENTER, MN 55430
CITY- ST- ZIP	Sjoberck, Jeffrey
TITLE P	HENSEEY, JOSEPH
NAME	12750 MERIT DRIVE, SUITE 500
STREET ADDRESS	5727 Quince Rd.
CITY- ST- ZIP	DALLAS, TX 75254
TITLE S	SJOBECK, JEFFREY
NAME	6160 SUMMIT DRIVE, SUITE 500
STREET ADDRESS	BROOKLYN CENTER, MN 55430
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an exhibit, with all other like empowered.

SIGNATURE:  **Jeffrey Sjoberck** **04/22/05** **(763) 549-3350**
Signature and typed or printed name of signing officer or director Date Daytime Phone