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	Mailing Address
6160 SUMMIT DRIVE, SUITE 500 BROOKLYN CENTER, MN 55430	6160 SUMMIT DRIVE, SUITE 500 BROOKLYN CENTER, MN 55430

66020581

04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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, 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
NAME	COX, JAMES
STREET ADDRESS	6160 SUMMIT DRIVE, SUITE 500
CITY-ST-ZIP	BROOKLYN CENTER, MN 55430
TITLE	D DIRECTOR
NAME	~~LOCKHART, JAMES~~ Sjobeck, Jeffrey
STREET ADDRESS	~~6160 SUMMIT DRIVE, SUITE 500~~ 6160 Summit Drive, Ste. 500
CITY-ST-ZIP	~~BROOKLYN CENTER, MN 55430~~ Brooklyn Center, MN 55430
TITLE	P PRESIDENT
NAME	HENSLEY, JOSEPH
STREET ADDRESS	~~12750 MERIT DRIVE, SUITE 500~~ 5727 Quince Rd.
CITY-ST-ZIP	~~DALLAS, TX 75251~~ Memphis, TN 38119
TITLE	S
NAME	SJOBECK, JEFFREY
STREET ADDRESS	6160 SUMMIT DRIVE, SUITE 500
CITY-ST-ZIP	BROOKLYN CENTER, MN 55430
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 asterisk, with all other like empowered.

SIGNATURE: Jeffrey Sjobeck 04/22/05 (763)519-3350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #