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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000001475

1. Corporation Name D.A.S.I., INC.



Principal Place of Business 600 COON RAPIDS BLVD COON RAPIDS MN 55433 US

Mailing Address 600 COON RAPIDS BLVD COON RAPIDS MN 55433 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/23/1994
4. FEI Number 41-1389763
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 600 Coon Rapids Blvd. 26 600 Coon Rapids Blvd.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 Coon Rapids, MN 28 Coon Rapids, MN
24 55433 25 U.S. 29 55433 30 U.S.

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS
TITLE PD ZUREK, KATHLEEN J
NAME ZUREK, KATHLEEN J
STREET ADDRESS 600 COON RAPIDS B;LVD
CITY-ST-ZIP COON RAPIDS MN
TITLE STD ZUREK, ROBERT A
NAME ZUREK, ROBERT A
STREET ADDRESS 600 COON RAPIDS BLVD
CITY-ST-ZIP COON RAPIDS MN
TITLE V GALLAGHER, SALLY
NAME GALLAGHER, SALLY
STREET ADDRESS 600 COON RAPIDS BLVD
CITY-ST-ZIP COON RAPIDS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine J. Zurek 01-27-99 612-783-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)