

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 15, 2007  
Secretary of State**

DOCUMENT# F94000001475

Entity Name: D.A.S.I., INC.

**Current Principal Place of Business:**

600 COON RAPIDS BLVD  
COON RAPIDS, MN 55433 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 COON RAPIDS BLVD  
COON RAPIDS, MN 55433 US

**New Mailing Address:**

FEI Number: 41-1389763      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZUREK, KATHLEEN J  
Address: 600 COON RAPIDS BLVD  
City-St-Zip: COON RAPIDS, MN 55433 US

Title: STD ( ) Delete  
Name: ZUREK, ROBERT A  
Address: 600 COON RAPIDS BLVD  
City-St-Zip: COON RAPIDS, MN 55433 US

Title: V ( ) Delete  
Name: GALLAGHER, SALLY  
Address: 600 COON RAPIDS BLVD  
City-St-Zip: COON RAPIDS, MN 55433 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: RETI (X) Change ( ) Addition  
Name: GALLAGHER, SALLY  
Address: 600 COON RAPIDS BLVD  
City-St-Zip: COON RAPIDS, MN 55433 US

Title: VD ( ) Change (X) Addition  
Name: ZUREK, ROBERT J  
Address: 600 COON RAPIDS BLVD.  
City-St-Zip: COON RAPIDS, MN 55433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KATHLEEN J. ZUREK

PRES

11/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date