

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 8:26

DOCUMENT # F94000002240 (9)

1. Corporation Name

TRICORD SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3750 ANNAPLUS LANE
PLYMOUTH MN 55447**

Mailing Address

**3750 ANNAPLUS LANE
PLYMOUTH MN 55447**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

2. Principal Place of Business

21 2800 Northwest Blvd.

2a. Mailing Address

26 2800 Northwest Blvd.

4. FEI Number

41-1590621

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

23 Plymouth, MN

City & State

28 Plymouth, MN

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24 55441

25 USA

Zip

Country

29 55441

30 USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**CEO
EDWARDS, JAMES D
5415 SUNSHINE CANYON RD.
BOULDER CO 80304**

13. 1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

**Director
Jeffrey Henley
500 Oracle Parkway
Redwood Shores, CA 94065**

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**CFOS
BARNUM, GREGORY T
10584 PARKER DR.
EDEN PRAIRIE MN 55347**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
DEE, MARVIN E
9180 CHESSHIRE LANE
MAPLE GROVE MN 55369**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**Director
Donald Lucas
3000 Sand Hill Road, Bldg. 3-210
Menlo Park, CA 94025**

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
ALMOG, YUVAL
7519 HYDE PARK DR.
EDINA MN 55439**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
CASALE, ROBERT
154-3 MOUNT VIEW LANE
BERNARDVILLE NJ 07024**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
GILL, JACK
1870 UNIVERSITY AVE.
PALA ALTO CA 94301**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

RETIRED

GILL, JACK

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Muriel A. De Vries

4/3/95

(62) 557-9005

PRINT AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #