

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000002240 (9)**

1. Corporation Name

TRICORD SYSTEMS, INC.



Principal Place of Business

**2800 NORTHWEST BLVD
PLYMOUTH MN 55441
US**

Mailing Address

**2800 NORTHWEST BLVD
PLYMOUTH MN 55441
US**

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

41-1590621

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 the individual

Signature typed or printed name of registered agent and the individual

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CEO	EDWARDS, JAMES D	5415 SUNSHINE CANYON RD.	BOULDER CO	<input checked="" type="checkbox"/>
CFOS	BARNUM, GREGORY T	10584 PARKER DR.	EDEN PRAIRIE MN 55347	<input type="checkbox"/>
V	DEE, MARVIN E	9180 CHESSHIRE LANE	MAPLE GROVE MN 55369	<input type="checkbox"/>
D	ALMOG, YUVAL	7519 HYDE PARK DR.	EDINA MN 55439	<input type="checkbox"/>
D	CASALE, ROBERT	154-3 MOUNT VIEW LANE	BERNARDVILLE NJ 07924	<input type="checkbox"/>
D	HENLEY, JEFFREY	500 ORACLE PKWY	REDWOOD SHORES CA	<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
CEO	JOHN S. MITCHAM	2800 NORTHWEST BLVD	PLYMOUTH, MN 55441	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Stewart, Controller

4/17/96

(612)557-9005

CR2E034 (12/95)