

W: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

57 JUN 23 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 55441-2625  
US

3. Date Incorporated or Qualified  
05/02/1994

3a. Date of Last Report  
04/29/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
CEO  
MITCHAM, JOHN J.  
STREET ADDRESS  
2800 NORTHWEST BLVD  
CITY - ST - ZIP  
PLYMOUTH MN

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

600002224266--7  
-06/26/97--01098--019

TITLE ☐ DELETE

NAME  
CFOS  
BARNUM, GREGORY T  
STREET ADDRESS  
10564 PARKER DR.  
CITY - ST - ZIP  
EDEN PRAIRIE MN 55347

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

\*\*\*165.00 \*\*\*165.00

TITLE ☐ DELETE

NAME  
V  
DEE, MARVIN E  
STREET ADDRESS  
9180 CHESHIRE LANE  
CITY - ST - ZIP  
MAPLE GROVE MN 55369

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
D  
ALMOG, YUVAL  
STREET ADDRESS  
7519 HYDE PARK DR.  
CITY - ST - ZIP  
EDINA MN 55439

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

A. Alan  
6/23/97

TITLE ☒ DELETE

NAME  
D  
CASALE, ROBERT  
STREET ADDRESS  
1543 MOUNT VIEW LANE  
CITY - ST - ZIP  
BERNARDVILLE NJ 07924

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

Donald Lucas  
224 Park Lane  
Atherton, CA 94027

TITLE ☐ DELETE

NAME  
D  
HENLEY, JEFFREY  
STREET ADDRESS  
500 ORACLE PKWY  
CITY - ST - ZIP  
REDWOOD SHORES CA

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE

Controller

6/23/97

CR2E034 (9/96)