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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000002240 (9)

1. Corporation Name

TRICORD SYSTEMS, INC.



Principal Place of Business

Mailing Address

~~2000 NORTHWEST BLVD~~ 2905 Northwest Blvd
PLYMOUTH MN 55441 Suite 20
US

~~2000 NORTHWEST BLVD~~ 2905 Northwest Blvd
PLYMOUTH MN 55441 Suite 20
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1994

4. FEI Number

41-1590621

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2905 Northwest Blvd
Suite, Apt. #, etc.

26 2905 Northwest Blvd
Suite, Apt. #, etc.

22 Suite 20

27 Suite 20

23 City & State

28 City & State

Plymouth, MN

Plymouth, MN

24 Zip

Country

29 Zip

Country

55441

US

55441

US

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 type or type of change to 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 MITCHAM, JOHN J. 2905

STREET ADDRESS 2000 NORTHWEST BLVD
CITY-ST-ZIP PLYMOUTH MN

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME LUCAS, DONALD
STREET ADDRESS 224 PARK LANE
CITY-ST-ZIP ATHERTON CA 94027

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME VP + Controller
Jeff A. Stewart
1.3 STREET ADDRESS 2905 Northwest Blvd Suite 20
1.4 CITY-ST-ZIP Plymouth, MN 55441

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

Jeff Stewart

4/23/98

CR2E034 (10/97)