

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED

Jan 26, 1999 8:00am  
Secretary of State

01-26-1999 90056 049 \*\*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006053

1. Corporation Name  
NORDIC WARE DIRECT, INC.

Principal Place of Business 5005 HIGHWAY 7 ST. LOUIS PARK MN 55416	Mailing Address 5005 HIGHWAY 7 ST. LOUIS PARK MN 55416
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/28/1994		4. FEI Number 41-1794158 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	COBD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALQUIST, H. DAVID	1.2 NAME	
STREET ADDRESS	5005 HIGHWAY 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALQUIST, H. DAVID III	2.2 NAME	
STREET ADDRESS	5005 HIGHWAY 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416	2.4 CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALQUIST, DOROTHY	3.2 NAME	
STREET ADDRESS	5005 HIGHWAY 7	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUST, SUSAN	4.2 NAME	
STREET ADDRESS	5005 HIGHWAY 7	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, CORRINE	5.2 NAME	
STREET ADDRESS	5005 HIGHWAY 7	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: David Dalquist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 4, 1999 (612) 920-2888

Date Daytime Phone #

CR2E034 (11/98)