


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 APR 15 PM 4:54

DOCUMENT # <i>F96000000427</i>	
1. Entity Name <i>WSI Satellite, Inc.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>11840 Valley View Road</i>		3. Mailing Address <i>P.O. Box 990 - Tax Dept.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Eden Prairie, MN</i>		City & State <i>Minneapolis, MN</i>	
Zip <i>55344</i>	Country <i>USA</i>	Zip <i>55440</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <i>43-1620021</i>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <i>CT Corporation System</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>1200 South Pine Island Road</i>			
City <i>Plantation</i> FL Zip Code <i>33324</i>			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <i>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President / Director David L. Boehnen 11840 Valley View Road Eden Prairie, MN 55344</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>100016078691 04/15/03--01075--006 **150.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice President James L. Stoffel 11840 Valley View Road Eden Prairie, MN 55344</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice President / Secretary John P. Breedlove 11840 Valley View Road Eden Prairie, MN 55344</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Director Gregory Heying 11840 Valley View Road Eden Prairie, MN 55344</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>[Signature]</i>	Date <i>4/9/03</i>	Daytime Phone # <i>952-906-6589</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034B (12/02)