FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000001208 (5)**

1. Corporation Name
ON CUE, INC. OF DELAWARE

Principal Place of Business
10400 YELLOW CIRCLE DR
MINNETONKA MN 55343

Mailing Address
10400 YELLOW CIRCLE DR
MINNETONKA MN 55343-9102

3. Date Incorporated or Qualified: **03/07/1996**
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **41-1728078** ☐ 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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 print 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	CPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EUGSTER, JACK		1.2 NAME	
STREET ADDRESS	10400 YELLOW CIRCLE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343		1.4 CITY-ST-ZIP	
TITLE	CEO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EUGSTER, JACK		2.2 NAME	
STREET ADDRESS	10400 YELLOW CIRCLE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, REID		3.2 NAME	
STREET ADDRESS	10400 YELLOW CIRCLE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343		3.4 CITY-ST-ZIP	
TITLE	P	☒ DELETE	4.1 TITLE	Treasurer, Vice President ☒ Change ☐ Addition
NAME	BENSON, KEITH A		4.2 NAME	James D Nermyr
STREET ADDRESS	10400 YELLOW CIRCLE DR		4.3 STREET ADDRESS	10400 Yellow Circle Dr
CITY-ST-ZIP	MINNETONKA MN 55343		4.4 CITY-ST-ZIP	Minnetonka MN 55343
TITLE	P	☒ DELETE	5.1 TITLE	Secretary, Vice President ☒ Change ☐ Addition
NAME	GAINES, LARRY		5.2 NAME	Heidi M Hoard
STREET ADDRESS	10400 YELLOW CIRCLE DR		5.3 STREET ADDRESS	10400 Yellow Circle Dr
CITY-ST-ZIP	MINNETONKA MN 55343		5.4 CITY-ST-ZIP	Minnetonka MN 55343
TITLE	P	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, GARY A		6.2 NAME	
STREET ADDRESS	10400 YELLOW CIRCLE DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN 55343		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: James D Nermyr — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (612) 931-8800 Daytime Phone #

CR2E034 (9/96)

0498882