

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90006 042 ***150.00

DOCUMENT # F96000001208

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/07/1996

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 CPD ☐ DELETE
NAME EUGSTER, JACK
STREET ADDRESS 10400 YELLOW CIRCLE DR
CITY-STATE-ZIP MINNETONKA MN 55343

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE CEO ☐ DELETE
NAME EUGSTER, JACK
STREET ADDRESS 10400 YELLOW CIRCLE DR
CITY-STATE-ZIP MINNETONKA MN 55343

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE VD ☐ DELETE
NAME BENSEN, KEITH A
STREET ADDRESS 10400 YELLOW CIRCLE DR
CITY-STATE-ZIP MINNETONKA MN 55343

3.1 TITLE CFO ☒ Change ☐ Addition
3.2 NAME Keith A Benson
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE TVP ☐ DELETE
NAME NERMYR, JAMES
STREET ADDRESS 10400 YELLOW CIRCLE DR
CITY-STATE-ZIP MINNETONKA MN

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE SVP ☐ DELETE
NAME HOARD, HEIDI
STREET ADDRESS 10400 YELLOW CIRCLE DR
CITY-STATE-ZIP MINNETONKA MN

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE AT ☐ DELETE
NAME SCULLY, T J
STREET ADDRESS 10400 YELLOW CIRCLE DR
CITY-STATE-ZIP MINNETONKA MN 55343

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. NERMYR

Date

4-6-99

Daytime Phone #

612-931-8215

CR2E034 (11/98)