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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90126 050 ***158.75

PROFIT CORPORATION ANNUAL REPORT

1999 [redacted]

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

DOCUMENT # F96000005761 (9)

1. Corporation Name
METRO COMMUNICATION SERVICES, INC.

Principal Place of Business	Mailing Address
255 E. ROSELAWN AVE. ST. PAUL BUSINESS CENTER WEST. STE. 43 ST. PAUL MN 55117	255 E. ROSELAWN AVE. ST. PAUL BUSINESS CENTER WEST. STE. 43 ST. PAUL MN 55117

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 11/05/1996

4. FEI Number: 41-1629679 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAGEN, KATHY	1.2 NAME	
STREET ADDRESS	255 E. ROSELAWN AVE., STE. 43	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN 55117	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, EUGENE F	2.2 NAME	
STREET ADDRESS	1784 SHEFFIELD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBURY MN 55125	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WALEK, JOHN	3.2 NAME	
STREET ADDRESS	3489 GUNSTON LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBURY MN 55125	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, KATHY	4.2 NAME	
STREET ADDRESS	255 E. ROSELAWN AVE., STE. 43	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN 55117	4.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MACH, EVA	5.2 NAME	
STREET ADDRESS	255 E. ROSELAWN AVE., STE. 43	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN 55117	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: SIGNATURE REQUIRED JOHN F. WALEK 4/29/99 (651) 489-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0523536