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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700000187 (1) 1. Corporation Name

FILED Apr 01 1998 8:00am Secretary of State

JOHNS	ON DATA TELEMETRY CO	DRPORATION			
Principal Plac	e of Business	Mailing Address			
438 GATEWAY BLVD 438 GATEWAY BLVD					
BURNSVILLE MN 55337 BURNSVILLE MN 55337					
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 01/10/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		41-1860185	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
27		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Registere	od Agent
	CORPORATION SYSTEM		DI Name		
	00 SOUTH PINE ISLAND ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PU	ANTATION FL 33324		-		
•			83		
,			84 City	<u>-</u>	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statut	es, the above-named corp	poration 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		4107	E: Registered Agent signature require	red when reinslating) DATE	
12.	Signature, typod or printed name of registered a OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSTD	DELETE	1.1 TITLE	ADDITION OF PARTIES AS A STATE OF THE PARTIE	☐ Change ☐ Addition
NAME	ROULEAU, ROBERT T		1.2 NAME		
STREET ADDRESS	438 GATEWAY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BURNSVILLE MN 55337		1.4 CITY-ST-2IP		
TITLE	COO	DELETE	2.1 TITLE		Change Addition
NAME	KELNHOFER, GUY		2.2 NAME		
STREET ADDRESS	438 GATEWAY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BURNSVILLE MN 55337		2. 4 CITY - ST - ZIP		
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Kelnhofer, Guy		3.2 NAME		
STREET AODRESS	438 GATEWAY BLVD		3.3 STREET ADDRESS		
CITY+\$T-ZIP	BURNSVILLE MN 55337		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		よら
STREET ADDRESS			5.3 STREET ADDRESS		<i>"</i>
CITY-ST-ZIP			5.4 CITY - ST - ZIP		411
TITLE		☐ DELETE	6.1 TITLE	5000024755 -04/01/9801093	Ghange Addition
NAME			6.2 NAME	-04/01/9801093	U45
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	
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 changes, dr on an attachment with an address.

CICNATURE

4-22-62

612 882 QuE