## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F9700000313 Jan 25, 2000 8:00 am **Secretary of State** WAM NET INC. 01-25-2000 90050 040 \*\*\*150.00 Principal Place of Business Mailing Address 655 LONE OAK DRIVE 655 LONE OAK DRIVE **EAGAN MN 55121** EAGAN MN 55121-1560 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Ant # etc. City & State City & State 4. FE! Number Applied For 41-1795247 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ាស្<sup>‡</sup>កាជ្ Change ☐ Addition CS: CEO TITLE TITLE ☐ Delete DRISCOLL, ED III NAME NAME 655 lone Oak Or. STREET ADDRESS STREET ADDRESS 6100 WEST 110TH ST. CITY-ST-7IP CITY-ST-ZIP Eagen, MN SSIZI MINNEAPOLIS MN 55438 ☐ Change X Addition Delete TITLE TITLE SPARKS, BRADLEY NAME Terri Zimmerman STREET ADDRESS STREET ADDRESS 6100 W 110TH ST 655 Lone Oak Dr. CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55438 Eagan IMN 5512 ☐ Change Addition TITI E ☐ Delete TITLE DRISCOLL, EDWARD JR. NAME NAME STREET ADDRESS STREET ADDRESS 2500 CHRISTIAN DRIVE CITY-ST-ZIP CITY-ST-ZIP CHASKA MN 55318 President X Addition TITLE Change TITLE Delete MARLOW, MARK NAME Denice Gobson NAME 655 lone oakor, STREET ADDRESS STREET ADDRESS 7228 GARFIELD AVE. CITY-ST-ZIP CITY-ST-7IP **RICHFIELD MN 55423** Eugan, MN 55121 Director ☐ Change ★ Addition **VPCD** TITLE TITLE Delete Robert Hoffman GROTHE, WILLIAM JR NAME NAME 655 Lone Oak Or. STREET ADDRESS STREET ADDRESS 117 OAK HOLLOW DR. CITY-ST-ZIP Easan, MN 55121 CITY-ST-ZIP MADISON MS 39110 Director Addition ☐ Change VPED TITLE TITLE Delete william Kelly NAME GRAY, CURT NAME 655 Lone Oak Dr. STREET ADDRESS STREET ADDRESS 515 E AMITA ST CITY-ST-ZIP Eagan , MN 55/21 CITY-ST-ZIP JACKSON MS 39201

13. 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 11 or Block 12 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

1-5-00

651-256-5113

Date

Daytime Phone #