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**

DOCUMENT # F9800000617 1. Corporation Name

NORSTAN FINANCIAL SERVICES, INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90025 006 ***150.00



Principal Place	of Business	Mailing Address				
6900 WEDGEWO	OD RD STE 150	6900 WEDGEWOOD RD., STE 150				
MAPLE GROVE MN 55311		MAPLE GROVE MN 55311				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						01/14/1998
2 Dringing Dis	non of Rusinoss	2a. Mailing Address				4. FEI Number Applied For
2. Principal Place of Business 21. Loos Hwy/Leg N 22. Mailing Address 23. Mailing Address 24. Mailing Address 25. Joi SHA			× 0	U DAK ROAD		
Suite, Apt. #	Suite. Apt. #. etc.	Suite, Apt, #, etc.		, (0) (\$8.75 Additional	
22	, o.u.	27				5. Certificate of Status Desired Fee Required
City & State	City & State				6. Election Campaign Financing S5.00 May Be	
23 PLYMOUTH, MN		28 MINNETONKA, MN			\sim	Trust Fund Contribution Added to Fees
Zip	Country	Zip 55343	Ć	ountry		8. This corporation owes the current year Intangible
24 554		29 100000	30	5 L	15A	Personal Property Tax.
2-4	9. Name and Address of Current			T		10. Name and Address of New Registered Agent
· · · · · · · · · · · · · · · · · · ·				81	Name	
UNITED STATES CORPORATION CO				82	Ctront	Address (P.O. Box Number is Not Acceptable)
. 1201	HAYS STREET			62	Sueet F	Address (F.O. Box Nulliber is Not Acceptable)
TALL	AHASSEE FL 32301			83		
-	· · · · · · · · ·	1				, log Zin Codo
4	• • • • • •	* **		84	City	FL 85 Zip Code
11 Dumuant t	o the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the	above	-named	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of	i Florida. Such change was a	iuthoriz	ea by t	he corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Fig	onda St	atutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE	: Dozieto	and Ament	sionatura re	required when reinstating} DATE
12,	OFFICERS AND		1:		o.g. rataro .	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1	TITLE		Change Addition
NAME	RICHARD, DAVID R	_	1.2	NAME		
STREET ADDRESS	14254-43RD AVE NO., UNIT C		4		ADDRESS	1125 SPRINGHILL ROAD
}	PLYMOUTH MN		1	CITY-ST	· · · · [WAYZATA, MN 55391
CITY-ST-ZIP TITLE	V	DELETE	_	TITLE	- 211	Change Addition
	•		1	NAME		
NAME	VOLD, ROBERT J				ADDRESS	
STREET ADDRESS	15410-48TH AVE NORTH					
CITY-ST-ZIP	PLYMOUTH MN	DELETE	_	CITY-ST	-ZIP	S Change Maddition
TITLE	S NAME OF THE PARTY OF THE PART	* Section		NAME		NEIL I. SELL ,
NAME	MUNSON, WINSTON					
STREET ADDRESS	8235 CREEKSIDE CIRCLE				ADDRESS	MINNETONKA, MN 55305
CITY-ST-ZIP	BLOOMINGTON MN	C Delete		CITY-S1	-ZIP	Change Addition
TITLE	T	☐ DELETE	- 6	TITLE		
NAME	MACKENZIE, KENNETH S		1	NAME	\	
STREET ADDRESS	382 BOVEY ROAD				ADDRESS	
CITY-ST-ZIP	WAYZATA MN	——————————————————————————————————————	4.4	CITY-ST	-ZIP	Change Addition
TITLE	CD	☐ DELETE		TITLE		Change Addition
NAME	BASZUCKI, PAUL			NAME		
STREET ADDRESS	250 WAKEFIELD ROAD			-	ADDRESS	
CITY-ST-ZIP	WAYZATA MN			CITY-ST	•ZIP	
TITLE	VCD	DELETE		TITLE	İ	Change Addition
NAME	COHEN, RICHARD	, .	6.2	NAME		ROBERT J. VOLD
STREET ADDRESS	6990 TUPPA DR		6.3	STREET	ADDRESS	1, -, -, -, -, -, -, -, -, -, -, -, -, -,
	CONTA MAI		64	CITY-ST		PLYMOUTH MAY 55446

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of 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: