

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000617

FILED
Apr 19, 2004
Secretary of State

Entity Name: NORSTAN FINANCIAL SERVICES, INC.

Current Principal Place of Business:

5101 SHADY OAK ROAD
MINNETONKA, MN 55343

New Principal Place of Business:

Current Mailing Address:

5101 SHADY OAK RD
MINNETONKA, MN 55343

New Mailing Address:

FEI Number: 41-1345503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION CO
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LEHRMAN, JERRY
Address: 11785 - 40TH PLACE N
City-St-Zip: PLYMOUTH, MN 55441

Title: S () Delete
Name: SELL, NEIL I
Address: 16414 RINGER ROAD
City-St-Zip: WAYZATA, MN 55391

Title: CD () Delete
Name: BASZUCKI, PAUL
Address: 250 WAKEFIELD ROAD
City-St-Zip: WAYZATA, MN 55391

Title: PD () Delete
Name: GRANGER, JAMES C
Address: 4600 XENE LANE N
City-St-Zip: PLYMOUTH, MN 55446

Title: T () Delete
Name: VAZQUEZ, ALICE S
Address: 6855 JEREMY COURT
City-St-Zip: EDEN PRAIRIE, MN 55346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CHRISTIAN, SCOTT
Address: 5450 TAMARACK CIRCLE
City-St-Zip: MINNETONKA, MN 55345

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE S. VAZQUEZ

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04/19/2004

Electronic Signature of Signing Officer or Director

Date