2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # F98000000617** 04-29-2005 90280 010 ***158.75 NORSTAN FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 14010841 5101 SHADY OAK RD 5101 SHADY OAK ROAD MINNETONKA, MN 55343 MINNETONKA, MN 55343 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04222005 Chg-P Applied For City & State City & State 4. FEI Number 41-1345503 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNITED STATES CORPORATION CO Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 14. 12 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CEO, President, Director TITLE Delete TITLE Fred C. Young LEHRMAN, JERRY NAME NAME 11785 - 40TH PLACE N STREET ADDRESS STREET ADDRESS PLYMOUTH, MN 55441 Lawrence, PA 15055 CITY-ST ZIP CITY-ST-ZIP FO, Treasurer, Secretary, Director Delete TITLE TITLE Addition SELL, NEIL I NAME michael mcAndrew NAME 1000 Park Orive Awrence, PA 15055 STREET ADORESS 16414 RINGER ROAD STREET ADDRESS WAYZATA, MN 55391 CITY-ST-7IP CITY-ST- ZIP Vice President Scott Christian Delsto Change TITLE TITLE Addition BASZUCKI, PAUL NAME NAME 5450 Tamarack Circle 250 WAKEFIELD ROAD STREET ADDRESS STREET ADDRESS WAYZATA, MN 55391 CITY-ST-ZIP CITY ST ZIP Minnetonky, MN 55345 TITLE Delete THE ☐ Change Addition CHRISTIAN, SCOTT NAME NAME STREET ADDRESS 5450 TAMARACK CIRCLE STREET ADDRESS CITY-ST-ZIP MINNETONKA, MN 55345 CITY-ST-ZIP Delete TITLE ☐ Change Addition THE NAME VAZQUEZ, ALICE S NAME STREET ADDRESS 6855 JEREMY COURT STREET ADDRESS EDEN PRAIRIE, MN 55346 CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Change THIE ☐ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 it made under eath, 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 10 or Block 11 if changed, or on an attachment with an **f**n all othe

CITY-ST-ZIP

SHAMATURE:

CIEV ST ZIP .

4/25/05

952-352-4000

FILED