FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90098 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006010

Gorporation Name

THESEUS LOGIC, INC.

	e of Business	Mailing Address	_						
2177 YOUNGMA St. Paul Mn 5	AN AVE SUITE 300 55116	2177 YOUNGMAN AVE SUITE 300 ST. PAUL MN 55116				DO NOT WRITE IN TH	S SPAC	:F	
						3. Date Incorporated or Qualifed			
						10/27/1998	—-		
2. Principal P	lace of Business	2a. Mailing Add	iress			4. FEI Number	L		lied For
21		26				41-1821836			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	#, etc.			5. Certifcate of Status Desired	7		dditional
22		27				or certificate of citation people in	F	ee Rec	uired
City & Stat	е	City & State	•			6. Election Campaign Financing	\$	5.00 :	May Be
23		28				Trust Fund Contribution	_A	dded to	Fees
Zip	Country	Zip		Country		8. This corporation owes the current year I	ntangible	Э	
24	25	29	30			Personal Property Tax.	☐ Ye	es l	□No
- : 	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	Agent		
				81	Name				
WAG	NER, KENNETH M								
101 SOUTHHILL LANE, SUITE 150				82	Street A	Address (P.O. Box Number is Not Acceptable)			
	LAND FL 32751			83					
1710 (1				55					
				84	City		85	Zip C	ode
						<u> </u>			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Flor	rida Statutes, tl	he above	e-named	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of chang	ing its r	egistered istered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of Section 607	nge was autho '.0505. Florida	Statutes	ine corpo	ration's board of directors. Thereby accept the app	JM1011011	ao iog	
-		,							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regi	stered Agen	t signature re	equired when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	ND DIF	RECTO	RS IN 12
TITLE	CCEO		DELETE	1.1 TITLE		CHAIRMAN	_ ≥ (c	hange	☐ Addition

NAME :	RHFFA MICHAFI G			1.2 NAME			•		
NAME STREET ADDRESS	BUFFA, MICHAEL G	in.			ADDRESS	**	•		
STREET ADDRESS	101 SOUTHHILL LANE SUITE 15	60	l	1.3 STREET		×.	•		
STREET ADDRESS CITY-ST-ZIP	101 SOUTHHILL LANE SUITE 15 MAITLAND FL 32751			1.3 STREET		**	Nerc	hange	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	101 SOUTHHILL LANE SUITE 15 MAITLAND FL 32751 DPCE		DELETE	1.3 STREET 1.4 CITY-ST 2.1 TITLE		**	∑ C	hange	☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE	101 SOUTHHILL LANE SUITE 15 MAITLAND FL 32751 DPCE WAGNER, KENNETH M 101 SOUTHHILL LANE SUITE 15		DELETE	1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	-ZIP -ADDRESS	**	₩°	hange	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	101 SOUTHHILL LANE SUITE 15 MAITLAND FL 32751 DPCE WAGNER, KENNETH M 101 SOUTHHILL LANE SUITE 15	60	DELETE	1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	-ZIP -ADDRESS	EXECUTIVE VICE PRES		hange hange	Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	101 SOUTHHILL LANE SUITE 15 MAITLAND FL 32751 DPCE WAGNER, KENNETH M 101 SOUTHHILL LANE SUITE 15 MAITLAND FL 32751 D ALTERMAN, ERIC D	io 💢	DELETE	1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	-ZIP ADDRESS T-ZIP	Director Director Director JAMES E. DYKES 13365 NE 226 AU	□ c	hange	-
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	101 SOUTHHILL LANE SUITE 15 MAITLAND FL 32751 DPCE WAGNER, KENNETH M 101 SOUTHHILL LANE SUITE 15 MAITLAND FL 32751 D ALTERMAN, ERIC D 101 SOUTHHILL LANE SUITE 15	io 💢	DELETE	1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP ADORESS	DIRECTOR DIRECTOR DIRECTOR JAMES E. DYKES 13365 NE 226 AU	□ 7 , <u>3</u> 2 (3	hange	Addition
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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 suppliemental 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 699-617