

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 # F98000006770

1. Corporation Name

DATALINK CORPORATION OF MINNESOTA

Principal Place of Business

7423 WASHINGTON AVE. S.
MINNEAPOLIS MN 55439

Mailing Address

7423 WASHINGTON AVE. S.
MINNEAPOLIS MN 55439

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELAND, GREG R		1.2 NAME
STREET ADDRESS	7423 WASHINGTON AVENUE SOUTH		1.3 STREET ADDRESS
CITY-ST-ZIP	MINNEAPOLIS MN 55439		1.4 CITY-ST-ZIP
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, JEFFREY		2.2 NAME
STREET ADDRESS	1800 FIFTH STREET TOWERS 150 S. 5TH ST.		2.3 STREET ADDRESS
CITY-ST-ZIP	MINNEAPOLIS MN 55402		2.4 CITY-ST-ZIP
TITLE	CFO	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVERE, ROBERT		3.2 NAME
STREET ADDRESS	7423 WASHINGTON AVENUE SOUTH		3.3 STREET ADDRESS
CITY-ST-ZIP	MINNEAPOLIS MN 55439		3.4 CITY-ST-ZIP
TITLE	C	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, ROBERT M		4.2 NAME
STREET ADDRESS	14579 GRAND AVENUE SOUTH SUITE 100		4.3 STREET ADDRESS
CITY-ST-ZIP	BURNSVILLE MN 55306		4.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUSLEY, JAMES E		5.2 NAME
STREET ADDRESS	4201 LEXINGTON AVENUE NORTH		5.3 STREET ADDRESS
CITY-ST-ZIP	ARDEN HILLS MN 55126		5.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFTUS, MARGARET		6.2 NAME
STREET ADDRESS	430 FIRST AVENUE NORTH SUITE 790		6.3 STREET ADDRESS
CITY-ST-ZIP	MINNEAPOLIS MN 55401		6.4 CITY-ST-ZIP

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 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 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:

Daniel J. Kinsella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel J. Kinsella

Chief Financial Officer

Datalink Corporation

4/15/99

612.944.3612

Daytime Phone #

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90122 006 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1998

4. FEI Number

APPLIED FOR 41-0856543

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Trust Fund Contribution
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

CR2E034 (11/98)