## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # F9800006770 Jul 26, 2000 8:00 am 1. Entity Name **Secretary of State** DATALINK CORPORATION OF MINNESOTA 07-26-2000 90005 039 \*\*\*550.00 Principal Place of Business Mailing Address 7423 WASHINGTON AVE. S. 7423 WASHINGTON AVE. S. MINNEAPOLIS MN 55439 MINNEAPOLIS MN 55439 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 41-0856543 Not Applicable Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION.FL 33324 THE PROPERTY. Zip Code 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCEO** Addition TITI F Change TITLE ☐ Delete Director Paul Lidsky Drive NAME MELAND, GREG R NAME STREET ADDRESS 7423 WASHINGTON AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN 55439 CITY-ST-782 Prairie '- ddition Change ☐ Delete ROBBINS, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 1800 FIFTH STREET TOWERS 150 S. 5TH ST. CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55402 ☐ Delete TITLE Change ☐ Addition TITLE NAME KINSELLA, DAN NAME STREET ADDRESS STREET ADDRESS 7423 WASHINGTON AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55439 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PRICE, ROBERT M NAME STREET ADDRESS STREET ADDRESS 14579 GRAND AVENUE SOUTH SUITE 100 CITY-ST-ZIP CITY-ST-ZIP **BURNSVILLE MN 55306** Change TITLE ☐ Delete TITLE □ Addition NAME OUSLEY, JAMES E NAME STREET ADDRESS STREET ADDRESS 4201 LEXINGTON AVENUE NORTH CITY-ST-7/2 CITY-ST-7IP ARDEN HILLS MN 55126 TITLE ☐ Delete TITLE ☐ Change Addition NAME LOFTUS, MARGARET NAME STREET ADDRESS STREET ADDRESS 430 FIRST AVENUE NORTH SUITE 790

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

MINNEAPOLIS MN 55401

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

7.13.00

946.7816

Daytime Phone #

CR2E034 (5/00)