

2001' UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90360 021 ***150.00

05066653

DOCUMENT # F98000006770

1. Entity Name

DATALINK CORPORATION OF MINNESOTA

Principal Place of Business

Mailing Address

**7423 WASHINGTON AVE. S.
 MINNEAPOLIS MN 55439**

**7423 WASHINGTON AVE. S.
 MINNEAPOLIS MN 55439**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-0856543

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO <input type="checkbox"/> Delete
NAME	MELAND, GREG R
STREET ADDRESS	7423 WASHINGTON AVENUE SOUTH
CITY-ST-ZIP	MINNEAPOLIS MN 55439
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	ROBBINS, JEFFREY
STREET ADDRESS	1800 FIFTH STREET TOWERS 150 S. 5TH ST.
CITY-ST-ZIP	MINNEAPOLIS MN 55402
TITLE	CFO <input type="checkbox"/> Delete
NAME	KINSELLA, DAN
STREET ADDRESS	7423 WASHINGTON AVENUE SOUTH
CITY-ST-ZIP	MINNEAPOLIS MN 55439
TITLE	C <input checked="" type="checkbox"/> Delete
NAME	PRICE, ROBERT M
STREET ADDRESS	14579 GRAND AVENUE SOUTH SUITE 100
CITY-ST-ZIP	BURNSVILLE MN 55306
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	OUSLEY, JAMES E
STREET ADDRESS	4201 LEXINGTON AVENUE NORTH
CITY-ST-ZIP	ARDEN HILLS MN 55126
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LOFTUS, MARGARET
STREET ADDRESS	430 FIRST AVENUE NORTH SUITE 790
CITY-ST-ZIP	MINNEAPOLIS MN 55401

TITLE	Vice President, Sales & Marketing <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howe, Stephen M.
STREET ADDRESS	7423 Washington Av. S.
CITY-ST-ZIP	Minneapolis MN 55439
TITLE	Chief Technology Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Scott D.
STREET ADDRESS	7423 Washington Av. S.
CITY-ST-ZIP	Minneapolis MN 55439
TITLE	Vice President, Technical Services <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Torgerson, Helen
STREET ADDRESS	7423 Washington Av. S.
CITY-ST-ZIP	Minneapolis MN 55439
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

Dan Kinsella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.1.01

Date

952.

944.3462

Daytime Phone #

CR2E034 (10/00)