

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000006770

1. Entity Name
DATALINK CORPORATION OF MINNESOTA



Principal Place of Business
8170 UPLAND CR
CHANHASSEN, MN 55317-9625

Mailing Address
8170 UPLAND CR
CHANHASSEN, MN 55317-9625



05092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-0856543

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WEST, MARY
8170 UPLAND CR
CHANHASSEN, MN 553179625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO
KINSELLA, DAN
8170 UPLAND CR
MINNEAPOLIS, MN 55439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MELAND, GREG
8170 UPLAND CR
CHANHASSEN, MN 553179625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
WESTLING, CHARLES B
8170 UPLAND CR
CHANHASSEN, MN 553179625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000366787
05/16/05-80006-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dan Kinsella Dan Kinsella

5.9.05

952.279.
4816