FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 9:57

DOCUMENT # P07231 (4)

1. Corporation Name
DATASERV COMPUTER MAINTENANCE, INC.

Principal Place of Business	Mailing Address
12125 TECHNOLOGY DR. EDEN PRAIRIE MN 55344	12125 TECHNOLOGY DR. EDEN PRAIRIE MN 55344

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1985
3a. Date of Last Report: 11/04/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 41-1392139 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	MAINOT, GARY A	1.2 NAME	Mainor, Gary A.
STREET ADDRESS	9063 GOULD RD.	1.3 STREET ADDRESS	9063 Gould Rd
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	1.4 CITY-ST-ZIP	Eden Prairie MN 55347
TITLE	CFO	2.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, GARY B	2.2 NAME	
STREET ADDRESS	14776 LANGDON PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	WAGER, IVARS	3.2 NAME	
STREET ADDRESS	8516 971 1/2 ST. W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN	3.4 CITY-ST-ZIP	
TITLE	VC	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVID J. MAENKE	4.2 NAME	
STREET ADDRESS	2041 TIMBERWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHANHASSEN MN	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	WOODARD, MICHAEL F.	5.2 NAME	
STREET ADDRESS	3221 CARVELL LANE, SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN	5.4 CITY-ST-ZIP	
TITLE	VSC	6.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, CAROLINE N	6.2 NAME	
STREET ADDRESS	2687 LAKE OF THE ISLES EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55408	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: David J Maenke David J. Maenke 04/03/95 612-829-6332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0467312 FP