FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P07231** **(4)**

1. Corporation Name

DATASERV COMPUTER MAINTENANCE, INC.

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

Mailing Address
12125 TECHNOLOGY DR.
EDEN PRAIRIE MN 55344

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

3. Date Incorporated or Qualified: 08/28/1985
3a. Date of Last Report: 04/12/1995
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. The 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 617.0503, 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 its 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 ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MAINOR, GARY A	
STREET ADDRESS	9063 GOULD RD.	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	CFO	☐ DELETE
NAME	JORDAN, GARY B	
STREET ADDRESS	14776 LANGDON PLACE	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	V	☐ DELETE
NAME	WAGER, IVARS	
STREET ADDRESS	8516 971 1/2 ST. W.	
CITY-ST-ZIP	BLOOMINGTON MN	
TITLE	VC	☐ DELETE
NAME	DAVID J. MAENKE	
STREET ADDRESS	2041 TIMBERWOOD DRIVE	
CITY-ST-ZIP	CHANHASSEN MN	
TITLE	T	☐ DELETE
NAME	WOODARD, MICHAEL F.	
STREET ADDRESS	3221 CARVELL LANE, SOUTH	
CITY-ST-ZIP	ST. LOUIS PARK MN	
TITLE	VSC	☐ DELETE
NAME	WATSON, CAROLINE N	
STREET ADDRESS	2687 LAKE OF THE ISLES EAST	
CITY-ST-ZIP	MINNEAPOLIS MN 55408	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 4-11-96 612-829-6573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (12/95)