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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

19011 LAKE DR E.
CHANHASSEN MN 55317

Mailing Address

19011 LAKE DR E.
CHANHASSEN MN 55317-9322



3. Date Incorporated or Qualified
08/28/1985

3a. Date of Last Report
04/19/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MAINOR, GARY A
STREET ADDRESS 9083 GOULD RD.
CITY - ST - ZIP EDEN PRAIRIE MN

TITLE CFO
NAME JORDAN, GARY B
STREET ADDRESS 14778 LANGDON PLACE
CITY - ST - ZIP EDEN PRAIRIE MN

TITLE V
NAME WAGER, IVARS
STREET ADDRESS 8516 971 1/2 ST. W.
CITY - ST - ZIP BLOOMINGTON MN

TITLE VC
NAME DAVID J. MAENKE
STREET ADDRESS 2041 TIMBERWOOD DRIVE
CITY - ST - ZIP CHANHASSEN MN

TITLE T
NAME WOODARD, MICHAEL F.
STREET ADDRESS 3221 CARVELL LANE, SOUTH
CITY - ST - ZIP ST. LOUIS PARK MN

TITLE VSC
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 President
1.2 NAME Robert Curtis
1.3 STREET ADDRESS 4 Campbell Road
1.4 CITY - ST - ZIP Bedford, NH 03110

2.1 TITLE Sr. Executive
2.2 NAME James Maurer
2.3 STREET ADDRESS 16414 Hutchinson Drive
2.4 CITY - ST - ZIP Lakeville, MN 55044

3.1 TITLE Treasurer
3.2 NAME Richard Buckingham
3.3 STREET ADDRESS 2 Prescott Lane
3.4 CITY - ST - ZIP Hampton Falls, NH 03844

4.1 TITLE Secretary
4.2 NAME Albert Notini
4.3 STREET ADDRESS 6 Pomeroy Road
4.4 CITY - ST - ZIP Andover, MA 01810

5.1 TITLE Assistant Secretary
5.2 NAME Alan Cormier
5.3 STREET ADDRESS 14 Nicoll Drive
5.4 CITY - ST - ZIP Andover, MA 01810

6.1 TITLE Assistant Treasurer
6.2 NAME Michael Tracy
6.3 STREET ADDRESS PO Box 7723 (N/A)
6.4 CITY - ST - ZIP Nashua, NH 03060

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)