

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12116

FILED  
Apr 15, 2004  
Secretary of State

Entity Name: COMDATA NETWORK, INC.

## Current Principal Place of Business:

5301 MARYLAND WAY  
BRENTWOOD, TN 37027

## New Principal Place of Business:

## Current Mailing Address:

3311 E. OLD SHAKOPEE RD  
MINNEAPOLIS, MN 55425

## New Mailing Address:

FEI Number: 62-0813252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: RODEWALD, BRETT  
Address: 5301 MARYLAND WAY  
City-St-Zip: BRENTWOOD, TN 37027

Title: V ( ) Delete  
Name: BURKLE, JAMES R  
Address: 3311 E. OLD SHAKOPEE RD  
City-St-Zip: MINNEAPOLIS, MN 55425

Title: VS ( ) Delete  
Name: SHERIDAN, MICHAEL W  
Address: 5301 MARYLAND WAY  
City-St-Zip: BRENTWOOD, TN 37027

Title: AS ( ) Delete  
Name: MOEN, DAVID T  
Address: 3311 E. OLD SHAKOPEE ROAD  
City-St-Zip: MINNEAPOLIS, MN 55425

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: GROSS, LOREN D  
Address: 3311 E. OLD SHAKOPEE RD  
City-St-Zip: MINNEAPOLIS, MN 55425

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: KROW, GARY A  
Address: 5301 MARYLAND WAY  
City-St-Zip: BRENTWOOD, TN 37027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID T. MOEN

AS

04/15/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date