05-10-1999 90064 005 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P32808**

1. Corporation Name

COMPLITER NETWORK TECHNOLOGY CORPORATION

Principal Place of Business		Mailing Address									
6500 WEDGEWOOD RD		605 N. HWY. 169									
MAPLE GROVE MN 55369		STE, 800. ATTN: SHERRY REINKE					DO NOT WR	ITE IN THIS	SDAC	=	
		PLYMOUTH MN 55441 US			}	2 Data Income	prated or Qualifed		SFAC	_	
		US				02/13/199					
7 District		2a Mailing Address				4. FEI Number	71			Ann	lied For
⊢ :	ace of Business	2a. Mailing Address				41-13564	76		-	+ · ·	Applicable
21	# ata	Suite, Apt. #, etc.				41 13304	10		\$8		dditional
Suite, Apt.	#, etc.	⊢ '''				Certifcate of	Status Desired			ee Red	
City & State		City & State				6 Floation Cod	angian Financina				Mav Be
——¬	,	├ ¬ ′			į	Trust Fund (npaign Financing				Fees
Zip	Country	28 Zip	Countr	nv			ition owes the cur	ront year Into			, , , , , , , , , , , , , , , , , , ,
— '	25	29 30		.,		Personal Pro		rent year nite	☐ Ye		□No
24	9. Name and Address of Current						Address of New	Registered /			Ξ
	With and Address of Carrent	registered rigent	8	1 Na	me						
CT C	ORPORATION SYSTEM										
1200 S. PINE ISLAND ROAD			8:	2 St	reet Addres	is (P.O. Box Num	ber is Not Accept	able)			
	ITATION FL 33324		8:	3							_
				"							
	•		8	4 Ci	ty			FL	85	Zip C	ode
	to the provisions of Sections 607.0502	COZ 4500 Florido Statuto	the obs			ation aubmita this	etatomant for the		changi	na ite i	renistered
l office or n	egistered agent, or both, in the State o	f Florida. Such change was auth	nonzed b	y the o	corporation	's board of directo	ors. I hereby acce	pt the appoir	tment	as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statute	3S.							
SIGNATURE								DATE			
42	Signature, typed or printed name of registered agent		13.	gent sign	ature required w	when reinstating)	CHANGES TO OF		D DIR	FCTO	RS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE		1/00	f Finance		1102110711			☑ Addition
TITLE	HUDSON, THOMAS G	_ occere	1.2 NAME		0.00	Yoru Bari	num				~
NAME					6160	5 Cardiff	CLOWE				
STREET ADDRESS	45 GIDEONS POINT RD					n Prairi		5534	4		
CITY-ST-ZIP	TONKA BAY MN		1.4 CITY-							anna	Addition
TITLE .	V DIGITADO E			2.1 TITLE CON		orale Con	ntroller #7	BURNE	ү 🗆 🕓	ungo	[K] / Iddison
NAME	CARLSON, RICHARD E		2.2 NAME		Dett	frey A. B	ertelsen				
STREET ADDRESS	14263 88TH PLACE N.		2.3 STRE		RESS 57	14 Pond	or.	12/-			
CITY-ST-ZIP	MAPLE GROVE MN	— — — — — — — — — — — — — — — — — — —	2. 4 CITY		Spi	review	MN 55	120	□ Cr	2000	Addition
TITLE	VP	☐ DELETE	3.1 TITLE			TYP EM				alige	- A radius
NAME	DIXON, PETER		3.2 NAME	_	Mri	liam C.	collette				
STREET ADDRESS	6455 W. MCCAULEY TRAIL	•	33 STRE	ET ADDI	RESS 201	Dunbar	. way	~ G-111	_		
CITY-ST-ZIP	EDINA MN		3.4. CITY		<u>ma</u>	nfomed	C 1010	5511			TI & ddition
TITLE	D	☐ DELETE	4.1 TITLE		NP.	MOLKING	de sales		□ ct	ange	Addition
NAME	ROLLWAGEN, JOHN		4. 2 NAM		NIC	ola V. G	aniq				
STREET ADDRESS	2250 W. LAKE OF THE ISLES P	KWY			RESS 145	Harper (circle.	n1 E	: 2		
CITY-ST-ZIP	MPLS MN		4.4 CITY-			criboroug		0175			Additio
TITLE	D D D D D D D D D D D D D D D D D D D	☐ DELETE	5.1 TITLE			Market				anye	N YOUR
NAME	PERLMAN, LAWRENCE		5.2 NAME		مدار	yk kni	Hel	. T			
STREET ADDRESS	2366 W. LAKE OF THE ISLE						myside	J DY			
CITY-ST-ZIP	MINNEAPOLIS MN		5.4 CITY-			ono, 1		356			ST A James
TITLE	, D	☐ DELETE	6.1 TITLE				Resource	185	□ Cł	ange	Addition
NAME	KELEN, ERWIN		6.2 NAME		kns	stine oc	nu.				
STREET ADDRESS	1921 HUMBOLDT AVE., S.		6.3 STRE	ET ADD	RESS 501	tomil	in AVO.				

MINNETONKA MN

63 STREET ADDRESS
64 CITY-ST-ZIP
MINNETONKA MN

64 CITY-ST-ZIP
MOREVIEW
MN 55126

14. 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 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 with all other like empowered. CITY-ST-ZIP

SIGNATURE:

DIEH Berkelsen 4/30/49