

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32808

FILED
Apr 15, 2004
Secretary of State

Entity Name: COMPUTER NETWORK TECHNOLOGY CORPORATION

Current Principal Place of Business:

6000 NATHAN LANE N
MINNEAPOLIS, MN 55442 US

New Principal Place of Business:

Current Mailing Address:

6000 NATHAN LANE N
MINNEAPOLIS, MN 55442 US

New Mailing Address:

FEI Number: 41-1356476

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 AVENUE
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: SCFO () Delete
Name: BARNUM, GREGORY
Address: 6000 NATHAN LANE N
City-St-Zip: MINNEAPOLIS, MN 55442

Title: T () Delete
Name: BERTELSEN, JEFFREY
Address: 6000 NATHAN LANE N
City-St-Zip: MINNEAPOLIS, MN 55442

Title: VPE () Delete
Name: COLLETTE, WILLIAM C
Address: 6000 NATHAN LANE N
City-St-Zip: MINNEAPOLIS, MN 55442

Title: PCEO () Delete
Name: HUDSON, THOMAS G
Address: 6000 NATHAN LANE N
City-St-Zip: MINNEAPOLIS, MN 55442

Title: VP () Delete
Name: KNITTEL, MARK R
Address: 2695 COUNTRYSIDE DRIVE
City-St-Zip: ORENO, MN 55356

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JEFF BERTELSEN

T

04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date