

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90158 035 ***150.00

DOCUMENT # P32808

1. Entity Name

COMPUTER NETWORK TECHNOLOGY CORPORATION



Principal Place of Business

**6000 NATHAN LANE N
MINNEAPOLIS MN 55442
US**

Mailing Address

**6000 NATHAN LANE N
MINNEAPOLIS MN 55442
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-1356476**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SCFO ☐ Delete
NAME BARNUM, GREGORY
STREET ADDRESS 6000 NATHAN LANE N
CITY-ST-ZIP MINNEAPOLIS MN 55442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BERTELSEN, JEFFREY
STREET ADDRESS 6000 NATHAN LANE N
CITY-ST-ZIP MINNEAPOLIS MN 55442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPE ☐ Delete
NAME COLLETTE, WILLIAM C
STREET ADDRESS 6000 NATHAN LANE N
CITY-ST-ZIP MINNEAPOLIS MN 55442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PCEO ☐ Delete
NAME HUDSON, THOMAS G
STREET ADDRESS 6000 NATHAN LANE N
CITY-ST-ZIP MINNEAPOLIS MN 55442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME GANIO, NICOLA
STREET ADDRESS 45 HARPER CIRCLE
CITY-ST-ZIP MARLBOROUGH MA 01752

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME KNITTEL, MARK R
STREET ADDRESS 2695 COUNTRYSIDE DRIVE
CITY-ST-ZIP ORENO MN 55356

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Bertelsen

1/29/03

763-268-6006

Date

Daytime Phone #

CR2E034 (10/02)