## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Secretary of State DOCUMENT # P35399** 02-27-2006 90133 001 \*\*\*300.00 NORSTAN COMMUNICATIONS, INC. Mailing Address Principal Place of Business 66002625 5101 SHADY OAK RD 5101 SHADY OAK RD MINNETONKA, MN 55343 MINNETONKA, MN 55343 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State Not Applicable 41-1231011 Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 Zp Code City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. **PCEO** ☐ Addition ☐ Delete Change TITLE TITLE NAME YOUNG, FRED C NAME 1000 PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAWRENCE, PA 15055 CITY-ST-ZIP SCEO ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MCANDREW, MICHAEL NAME STREET ADDRESS 1000 PARK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAWRENCE, PA 15055 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCANDREW, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1000 PARK DRIVE LAWRENCE, PA 15055 CITY-ST-ZIP CITY-ST-ZIE Delete TITLE Change ■ Addition **VPGM** TITLE CHRISTIAN, SCOTT NAME NAME STREET ADDRESS 5450 TAMARACK CIRCLE STREET ADDRESS MINNETONKA, MN 55345 CITY-ST-ZIP CITY-ST-7IP Delete De TITLE ☐ Change Addition TITLE CHRISTIAN, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 5450 TAMARACK CIRCLE MINNETONKA, MN 55345 CITY-ST-ZIP CITY-ST-7P ☐ Addition ☐ Delete TITLE ☐ Channe TITLE YOUNG, FRED C NAME NAME 1000 PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAWRENCE, PA 15055 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

FILED

Feb 27, 2006 8:00 am

Daytime Phone #