


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90008 008 ***550.00

DOCUMENT # P35399

1. Entity Name
 NORSTAN COMMUNICATIONS, INC.



Principal Place of Business
 5101 SHADY OAK RD
 MINNETONKA, MN 55343 US

Mailing Address
 5101 SHADY OAK RD
 MINNETONKA, MN 55343 US

DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number
 41-1231011

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO YOUNG, FRED C 1000 PARK DRIVE LAWRENCE, PA 15055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCEO MCANDREW, MICHAEL 1000 PARK DRIVE LAWRENCE, PA 15055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCANDREW, MICHAEL 1000 PARK DRIVE LAWRENCE, PA 15055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, FRED C 1000 PARK DRIVE LAWRENCE, PA 15055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Michael Andrew 5/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #