

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36326 (7)

1. Corporation Name

NORSTAN NETWORK SERVICES, INC.



Principal Place of Business

6900 WEDGWOOD ROAD
MAPLE GROVE MN 55311
US

Mailing Address

6900 WEDGWOOD ROAD
MAPLE GROVE MN 55311
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/18/1991

3a. Date of Last Report

04/24/1995

4. FEI Number

41-1705072

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the filing date

(If the Registered Agent's signature is required, please attach heretofore)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
MAYER, MAX A
5990 CHASEWOOD PARKWAY
MINNETONKA MN

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
COHEN, RICHARD
6990 TUPA DR
EDINA MN

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AS
MUNSON, WINSTON
8235 CREEKSIDE CIRCLE
BLOOMINGTON MN

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
ZUEHLKE, WAYNE
281 SOUTHWEST CT
VADNAIS HEIGHTS MN

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
LEHRMAN, JERRY
11785 40TH PLACE NORTH
PLYMOUTH MN

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
COHEN, SIDNEY R.
3916 BASSWOOD ROAD
MINNEAPOLIS MN

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Richard Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD COHEN

4/9/96

(612) 513-5000

DAY

Daytime Phone #

CR2E034 (12/95)