


**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90056 010 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P36326</b> 1. Corporation Name <b>NORSTAN NETWORK SERVICES, INC.</b>					
Principal Place of Business <b>6900 WEDGWOOD ROAD</b> <b>MAPLE GROVE MN 55311</b> <b>US</b>			Mailing Address <b>6900 WEDGWOOD ROAD</b> <b>MAPLE GROVE MN 55311</b> <b>US</b>		
2. Principal Place of Business 21 <b>5101 Shady Oak Road</b> Suite, Apt. #, etc. 22 _____ City & State 23 <b>Minnetonka MN</b> Zip Country 24 <b>55343</b> 25 <b>USA</b>					
2a. Mailing Address 26 <b>5101 Shady Oak Road</b> Suite, Apt. #, etc. 27 _____ City & State 28 <b>Minnetonka MN</b> Zip Country 29 <b>55343</b> 30 <b>USA</b>					
3. Date Incorporated or Qualified <b>11/18/1991</b>					
4. FEI Number <b>41-1705072</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 _____ 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	<b>D</b> <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	<b>BASZUCKI, PAUL</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>250 WAKEFIELD RD</b>	1.2 NAME			
CITY-ST-ZIP	<b>WAYZATA MN</b>	1.3 STREET ADDRESS			
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP			
NAME	<b>RICHARD, DAVID R</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>1125 SPRING HILL RD</b>	2.2 NAME			
CITY-ST-ZIP	<b>WAYZATA MN 55391</b>	2.3 STREET ADDRESS			
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP			
NAME	<b>MUNSON, WINSTON</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>6235 CREEKSIDE CIRCLE</b>	3.2 NAME			
CITY-ST-ZIP	<b>BLOOMINGTON MN</b>	3.3 STREET ADDRESS			
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP			
NAME	<b>LEHRMAN, JERRY</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>11785 40TH PLACE NORTH</b>	4.2 NAME			
CITY-ST-ZIP	<b>PLYMOUTH MN</b>	4.3 STREET ADDRESS			
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP			
NAME	<b>COHEN, SIDNEY R.</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	<b>3918 BASSWOOD ROAD</b>	5.2 NAME	<b>manager of Finance (officer)</b>		
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	5.3 STREET ADDRESS	<b>Cheryl Jung</b>		
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<b>5101 Shady Oak Road</b>		
NAME	<b>COHEN, RICHARD</b>	6.1 TITLE	<b>Minnetonka, MN 55343</b>		
STREET ADDRESS	<b>6990 TUPA DRIVE</b>	6.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP	<b>EDINA MN 55439</b>	6.3 STREET ADDRESS	<b>D</b>		
		6.4 CITY-ST-ZIP	<b>RICHARD COHEN</b>		
			<b>6990 TUPA DRIVE</b>		
			<b>EDINA, MN 55439</b>		

14. 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 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, with all other like empowered.

SIGNATURE: *Cheryl Jung*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

418-352-3044

Daytime Phone #

CR2E034 (11/98)