

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
 02-13-2001 90039 015 ***150.00

DOCUMENT # P36326

1. Entity Name
NORSTAN NETWORK SERVICES, INC.

Principal Place of Business

5101 SHADY OAK RD
 MINNETONKA MN 55343
 US

Mailing Address

5101 SHADY OAK RD
 MINNETONKA MN 55343
 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 **41-1705072**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
 PD
 BASZUCKI, PAUL
 STREET ADDRESS 250 WAKEFIELD RD
 CITY-ST-ZIP WAYZATA MN

TITLE NAME ☒ Change ☐ Addition
 CD
 Paul Baszucki
 STREET ADDRESS
 CITY-ST-ZIP 55391

TITLE NAME ☐ Delete
 S
 SELL, NEIL I
 STREET ADDRESS 140 CARLSON PKWY
 CITY-ST-ZIP HOPKINS MN 55305

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

TITLE NAME ☐ Delete
 V
 LEHRMAN, JERRY
 STREET ADDRESS 11785 40TH PLACE NORTH
 CITY-ST-ZIP PLYMOUTH MN

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP 55441

TITLE NAME ☐ Delete
 MFO
 JUNG, CHERYL
 STREET ADDRESS 5101 SHADY OAK RD
 CITY-ST-ZIP MINNETONKA MN 55343

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

TITLE NAME ☐ Delete
 D
 COHEN, RICHARD
 STREET ADDRESS 6990 TUPA DR
 CITY-ST-ZIP EDINA MN 55439

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
 P/D
 James C. Granger
 STREET ADDRESS 4000 Xenia Lane North
 CITY-ST-ZIP Plymouth, MN 55444

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *RJA [Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01 (952) 352-4000

Date

Daytime Phone #

CR2E034 (10/00)