2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P36326

1. Entity Name
NORSTAN NETWORK SERVICES, INC.

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

01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOOTE, SCOTT
STREET ADDRESS	11395 5TH AVE N
CITY-ST-ZIP	PLYMOUTH, MN 55441
TITLE	ST
NAME	CASTLE, PETER
STREET ADDRESS	5313 ARCHSTONE DR, #204
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	GROTEKE, WALTER M JR
STREET ADDRESS	1102 S. BAYSHORE BLVD
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	D
NAME	GROTEKE, WALTER R SR
STREET ADDRESS	1213 ALAMEDA AVE
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	D
NAME	CASTLE, PETER
STREET ADDRESS	5313 ARCHSTONE DR, #204
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/04-80043-018 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/19/04 952-352-3055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #