


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90075 016 ***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
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2. Principal Place of Business 4805 Independence Parkway Suite, Apt. #, etc. Ste 101 City & State Tampa FL Zip 33634 Country USA	3. Mailing Address 4805 Independence Parkway Suite, Apt. #, etc. Ste 101 City & State Tampa, FL Zip 33634 Country USA
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03312005 Chg-P CR2E034 (10/03)

4. FEI Number 41-1705072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOOTE, SCOTT 11395 5TH AVE N PLYMOUTH, MN 55441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASTLE, PETER 5313 ARCHSTONE DR. #204 TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4805 Independence Parkway, Ste 101 Tampa, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROTEKE, WALTER M JR 1102 S. BAYSHORE BLVD SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4805 Independence Parkway, Ste 101 Tampa, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROTEKE, WALTER R SR 1213 ALAMEDA AVE CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4805 Independence Parkway, Ste 101 Tampa, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTLE, PETER 5313 ARCHSTONE DR. #204 TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4805 Independence Parkway, Ste 101 Tampa, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  3/31/05 813-086-8644
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #