

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90308 001 ***450.00

DOCUMENT # P36326 1. Entity Name NORSTAN NETWORK SERVICES, INC.					
Principal Place of Business 4805 INDEPENDENCE PARKWAY SUITE 101 TAMPA, FL 33634 US			Mailing Address 4805 INDEPENDENCE PARKWAY SUITE 101 TAMPA, FL 33634 US		
2. Principal Place of Business - No P.O. Box # 4710 EISENHOWER BLVD Suite, Apt. #, etc. SUITE F2		3. Mailing Address 4710 EISENHOWER BLVD Suite, Apt. #, etc. SUITE F2		66009545 	
City & State TAMPA FL		City & State TAMPA FL		04032008 Chg-P CR2E034 (12/06)	
Zip 33634		Country USA		4. FEI Number 41-1705072	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TCS CORPORATE SERVICES, INC. 103 N. MERIDIAN STREET 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		
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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FOOTE, SCOTT STREET ADDRESS 4805 INDEPENDENCE PKWY, SUITE 101 CITY-ST-ZIP TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE NAME 4710 EISENHOWER BLVD, SUITE F2 STREET ADDRESS TAMPA, FL 33634 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME ST CASTLE, PETER STREET ADDRESS 4805 INDEPENDENCE PARKWAY, SUITE 101 CITY-ST-ZIP TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE NAME 4710 EISENHOWER BLVD SUITE F2 STREET ADDRESS TAMPA, FL 33634 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME D POCAVE, MICHAEL R STREET ADDRESS 4805 INDEPENDENCE PKWY, SUITE 101 CITY-ST-ZIP TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE NAME MICHAEL ROCQUE STREET ADDRESS 4710 EISENHOWER BLVD SUITE F2 CITY-ST-ZIP TAMPA, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME D GROTEKE, WALTER R SR STREET ADDRESS 4805 INDEPENDENCE PARKWAY, SUITE 101 CITY-ST-ZIP TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME D CASTLE, PETER STREET ADDRESS 4805 INDEPENDENCE PARKWAY, SUITE 101 CITY-ST-ZIP TAMPA, FL 33634	<input checked="" 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	<input type="checkbox"/> Delete		TITLE NAME GERRY GABUARDI STREET ADDRESS 4710 EISENHOWER BLVD SUITE F2 CITY-ST-ZIP TAMPA FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 04/03/08 (813) 593201 Daytime Phone #		