

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36326

FILED
Apr 14, 2009
Secretary of State

Entity Name: NORSTAN NETWORK SERVICES, INC.

Current Principal Place of Business:

4710 EISENHOWER BLVD.
SUITE F2
TAMPA, FL 33634 US

Current Mailing Address:

4710 EISENHOWER BLVD.
SUITE F2
TAMPA, FL 33634 US

New Principal Place of Business:

4710 EISENHOWER BLVD.
SUITE E8
TAMPA, FL 33634 US

New Mailing Address:

4710 EISENHOWER BLVD.
SUITE E8
TAMPA, FL 33634 US

FEI Number: 41-1705072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TCS CORPORATE SERVICES, INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOOTE, SCOTT
Address: 4710 EISENHOWER BLVD, SUITE F2
City-St-Zip: TAMPA, FL 33634

Title: ST () Delete
Name: CASTLE, PETER
Address: 4710 EISENHOWER BLVD SUITE F2
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: ROQUE, MICHAEL
Address: 4710 EISENHOWER BLVD SUITE F2
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: GASUARDI, GERRY
Address: 4710 EISENHOWER BLVD SUITE F2
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOOTE, SCOTT
Address: 4710 EISENHOWER BLVD, SUITE E8
City-St-Zip: TAMPA, FL 33634

Title: ST (X) Change () Addition
Name: CASTLE, PETER
Address: 4710 EISENHOWER BLVD SUITE E8
City-St-Zip: TAMPA, FL 33634

Title: D (X) Change () Addition
Name: LEVY, MYRON
Address: 4710 EISENHOWER BLVD SUITE E8
City-St-Zip: TAMPA, FL 33634

Title: D (X) Change () Addition
Name: GAGLIARDI, GERRY
Address: 4710 EISENHOWER BLVD SUITE E8
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER CASTLE

COO

04/14/2009

Electronic Signature of Signing Officer or Director

Date