2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P94000015458

Entity Name: ABR INFORMATION SERVICES, INC.

Current Principal Place of Business:

3201 34TH STREET S.
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

3311 E. OLD SHAKOPEE RD
ATTN: TAX DEPT
MINNEAPOLIS, MN 55425

New Mailing Address:

FEI Number: 59-3228107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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:	CORCORAN, JAMES A	
Address:	3201 34TH STREET S.	
City-St-Zip:	ST. PETERSBURG, FL 33711	
Title:	VP	( ) Delete
Name:	BURKLE, JAMES R	
Address:	3311 E OLDSHAKOPEE RD	
City-St-Zip:	MINNEAPOLIS, MN 55425	
Title:	VS	( ) Delete
Name:	NELSON, GARY M	
Address:	3311 E OLD SHAKOPEE RD	
City-St-Zip:	MINNEAPOLIS, MN 55425	
Title:	AS	( ) Delete
Name:	BOWMAN, LYNNE T	
Address:	3311 E. OLD SHAKEPEE RD	
City-St-Zip:	MINNEAPOLIS, MN 55425	
Title:	VT	( ) Delete
Name:	KUHNAU, DAVID B	
Address:	3311 E OLD SHAKOPEE RD	
City-St-Zip:	MINNEAPOLIS, MN 55425	
Title:	VAS	( ) Delete
Name:	MCDONALD, WILLIAM E	
Address:	3311 E OLD SHAKOPEE RD	
City-St-Zip:	MINNEAPOLIS, MN 55425	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	SHAW, A R	
Address:	3311 E OLDSHAKOPEE RD	
City-St-Zip:	MINNEAPOLIS, MN 55425	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNNE T. BOWMAN AS 04/19/2005

Electronic Signature of Signing Officer or Director — Date