

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State
 09-19-2001 90124 036 ***550.00

0134954 AT

DOCUMENT # F95000005868

1. Entity Name
DATATREND TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
121 CHESHIRE LANE, SUITE 700 121 CHESHIRE LANE, SUITE 700
MINNETONKA MN 55305 MINNETONKA MN 55305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **41-1648427** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALDREP, MARK L
~~**5542 CALLE DEL INVIERNO**~~
SARASOTA FL 34242

Name
 Street Address (P.O. Box Number is Not Acceptable)
1380 Harbor Drive
 City **Sarasota** FL Zip Code **55239**

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.

SIGNATURE *[Signature]* **PRESIDENT** DATE **9/11/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PSDC WALDREP, MARK L	<input type="checkbox"/> Delete
STREET ADDRESS	1515 RINGLING BLVD #590	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE NAME	VTD HODGES, BRYAN L	<input type="checkbox"/> Delete
STREET ADDRESS	1515 RINGLING BLVD #590	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1380 Harbor Drive	
CITY-ST-ZIP	Sarasota, FL 55239	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1382 Harbor Drive	
CITY-ST-ZIP	Sarasota, FL 55239	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (5/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **STANLEY G. COURECFO** Date **9/11/01** Daytime Phone # **952 931 1203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR