| No. <b>C 94250</b>   |                                   | Due no later than Jan 31, 2010   |   | 2. Registered Ag                 | 2. Registered Agent and Address (NO PO BOX)                   |            |                |  |
|--|-----------------------------------|--|---|----------------------------------|---|------------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                                   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  WESTCON, INC.  DARIUS CHAGNON BOX 1735 BISMARCK ND 58502 |   | 1111 W JEFF<br>BOISE ID 8<br>USA | CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 |            |                |  |
| 4. Corporations: Enter   | Names and Busin                   | ess Addresses of P   | resident, Secretary, and Directors. Treas | surer (optional).                |   |            |                |  |
| Office Held  | Name                              |  | Street or PO Address                      | City                             | State   | Country    | Postal Code    |  |
| DIRECTOR<br>DIRECTOR   | DAVE HOFF<br>CHRIS J NO           |  | 7401 YUKON DRIVE<br>7401 YUKON DRIVE      | BISMARCK<br>BISMARCK             | ND<br>ND  | USA<br>USA | 58503<br>58503 |  |
| SECRETARY  | DARIUS CHAGNON<br>MARK C PETERSON |  | 7401 YUKON DRIVE                          | BISMARCK                         | ND  | USA        | 58503          |  |
| PRESIDENT  | MARK C PE                         | TERSON   | 7401 YUKON DRIVE                          | BISMARCK                         | ND  | USA        | 58503          |  |
| 5. Organized Under the Laws of:  |                                   | 6. Annual Report must be signed.*  |   |                                  |   |            |                |  |
| ND<br>C 94250  |                                   | Signature: Dar   |   | Date: 12/28/2009                 |   |            |                |  |
|  |                                   | Name (type or  |   | Title: Secretary                 |   |            |                |  |
| Processed 12/28/2009   | )                                 | * Electronically pro   | ovided signatures are accepted as origina | al signatures.                   |   |            |                |  |