



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90037 010 ***150.00

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DOCUMENT # F01000000404					
1. Entity Name MINNTECH CORPORATION					
Principal Place of Business 14605 28TH AVENUE NORTH MINNEAPOLIS, MN 55447			Mailing Address 14605 28TH AVENUE NORTH MINNEAPOLIS, MN 55447		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., STE. 4 WESTON, FL 33331				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, 2007 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	CEOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALKIN, ROY		NAME		
STREET ADDRESS	14605 28TH AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55447		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	R. Scott Jones	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REILLY, JAMES		NAME	150 Clove Road, 9th Floor	
STREET ADDRESS	150 CLOVE ROAD		STREET ADDRESS	Little Falls, NJ 07424	
CITY-ST-ZIP	LITTLE FALLS, NJ 07424		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON, CRAIG		NAME		
STREET ADDRESS	150 CLOVE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LITTLE FALLS, NJ 07424		CITY-ST-ZIP		
TITLE	VPO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, PAUL		NAME		
STREET ADDRESS	14605 28TH AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55447		CITY-ST-ZIP		
TITLE	STVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKLE, KEVIN		NAME		
STREET ADDRESS	14605 28TH AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55447		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, CRAIG		NAME	Denise Bauer	
STREET ADDRESS	14605 28TH AVENUE NORTH		STREET ADDRESS	14605 28th Avenue North	
CITY-ST-ZIP	MINNEAPOLIS, MN 55447		CITY-ST-ZIP	Minneapolis, MN 55447	
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: 		Kevin Finkle		3-21-07 763-553-3300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	