


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

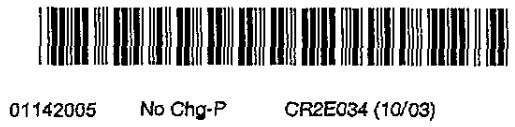
**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000003557**  
1. Entity Name  
**WEBSTER VETERINARY SUPPLY, INC.**



Principal Place of Business      Mailing Address  
**1031 MENDOTA HEIGHTS ROAD**      **1031 MENDOTA HEIGHTS ROAD**  
**ST. PAUL, MN 55120**      **ST. PAUL, MN 55120**

**DO NOT WRITE IN THIS SPACE**



4. FEI Number  
**41-2008897**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

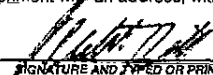
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRECHETTE, PETER L 1031 MENDOTA HEIGHTS ROAD ST. PAUL, MN 55120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ARMSTRONG, R. STEPHEN 1031 MENDOTA HEIGHTS ROAD ST. PAUL, MN 55120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO WEBSTER, JEFFREY H 86 LEOMINSTER ROAD STERLING, MA 01564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVITT, MATTHEW L 1031 MENDOTA HEIGHTS ROAD ST. PAUL, MN 55120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

01142005-80024-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Matthew L. Levitt-Secretary**      **01-14-2005**      **651-686-1817**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #