


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90033 005 \*\*\*150.00

<b>DOCUMENT # F03000003819</b>					
<b>1. Entity Name</b> FIBERSTAR, INC.					
<b>Principal Place of Business</b> 3023 15TH ST SW WILLMAR, MN 56201			<b>Mailing Address</b> 3023 15TH ST SW WILLMAR, MN 56201		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City		Country	
<b>6. Name and Address of Current Registered Agent</b>  AGENTS AND CORPORATIONS, INC. 773 4TH AVE. NORTH NAPLES, FL 34102				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  State <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> CD	<b>NAME</b> GILLET, WILLIS <input checked="" type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 403 LEPOUVENCE CIRCLE	<b>CITY-ST-ZIP</b> NAPERVILLE, IL 60540				
<b>TITLE</b> PTD	<b>NAME</b> LINDQUIST, DALE <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 3032 15TH ST S W	<b>CITY-ST-ZIP</b> WILMAR, MN 56201				
<b>TITLE</b> SD	<b>NAME</b> HEALY, STEVEN <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> N8269 1015TH STREET	<b>CITY-ST-ZIP</b> RIVER FALLS, WI 54022				
<b>TITLE</b> D	<b>NAME</b> SEVERANCE, H. LEIGH <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 14282 CALEY AVENUE	<b>CITY-ST-ZIP</b> AURORA, CO 80016				
<b>TITLE</b> D	<b>NAME</b> NUGENT, D. EUGENE <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 4 ASPEN LANE	<b>CITY-ST-ZIP</b> ST. PAUL, MN 55127				
<b>TITLE</b> D	<b>NAME</b> COONROD, RICHARD <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 7133 GLEASON ROAD	<b>CITY-ST-ZIP</b> EDINA, MN 554891610				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> NAME	Robert McIntosh <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>STREET ADDRESS</b> CITY-ST-ZIP	10104 SE 18TH Street Renton WA 98055				
<b>TITLE</b> NAME	Tristan Chapman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>STREET ADDRESS</b> CITY-ST-ZIP	90 Live Oak Lane LaBelle, FL 33935				
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>John D. Sequest</u> <span style="float: right;">1/24/05 320-231-1829</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

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01122005 Chg-P CR2E034 (10/03)

4. FEI Number 91-1886062 Applied For Not Applicable

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