

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90158 028 ***150.00

DOCUMENT # F07000001436

1. Entity Name
TACTILE SYSTEMS TECHNOLOGY, INC.



Principal Place of Business
**4824 PARK GLEN RD
MINNEAPOLIS, MN 55416**

Mailing Address
**4824 PARK GLEN RD
MINNEAPOLIS, MN 55416**

60032197



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

41-1801204

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DION, CHANTAL
5224 NW 64TH BLVD
GAINESVILLE, FL 32653**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **JOHNSON, DOUG**
STREET ADDRESS **6474 MURRAY HILL RD**
CITY-ST-ZIP **EXCELSIOR, MN 55331**

TITLE **VC** ☐ Delete
NAME **WALDRIDGE, IRENE**
STREET ADDRESS **4824 PARK GLEN RD**
CITY-ST-ZIP **MINNEAPOLIS, MN 55416**

TITLE **D** ☐ Delete
NAME **JANISCH, DAN**
STREET ADDRESS **13928 DROMMOND TRAIL**
CITY-ST-ZIP **APPLE VALLEY, MN 55124**

TITLE **D** ☐ Delete
NAME **ROCHE, KEVIN**
STREET ADDRESS **6800 DAKOTA TRAIL**
CITY-ST-ZIP **EDINA, MN 55439**

TITLE **P** ☐ Delete
NAME **MATTYS, GERALD**
STREET ADDRESS **4824 PARK GLEN RD**
CITY-ST-ZIP **MINNEAPOLIS, MN 55416**

TITLE **S** ☐ Delete
NAME **HUMPHREY, ANDREW**
STREET ADDRESS **90 SOUTH SEVENTH ST**
CITY-ST-ZIP **MINNEAPOLIS, MN 55402**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Change ☒ Addition
NAME **Robert Folkes**
STREET ADDRESS **614 Sutcliffe Circle**
CITY-ST-ZIP **Mendota Heights, MN 55118**

TITLE **D** ☐ Change ☒ Addition
NAME **Andrew Isaacson**
STREET ADDRESS **680 Washington Blvd, 11th Floor**
CITY-ST-ZIP **Stamford, CT 06901**

TITLE **D** ☐ Change ☒ Addition
NAME **Zubeen Shroff**
STREET ADDRESS **680 Washington Blvd, 11th Floor**
CITY-ST-ZIP **Stamford, CT 06901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

952-224-4888

Daytime Phone #