

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003819

Entity Name: FIBERSTAR, INC.

FILED  
Mar 22, 2011  
Secretary of State

## Current Principal Place of Business:

3023 15TH ST SW  
WILLMAR, MN 56201

## New Principal Place of Business:

## Current Mailing Address:

3023 15TH ST SW  
WILLMAR, MN 56201

## New Mailing Address:

FEI Number: 91-1886062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: CHAPMAN, TRISTAN  
Address: 90 LIVE OAK LANE  
City-St-Zip: LABELLE, FL 33935

Title: PTD  
Name: LINDQUIST, DALE  
Address: 3032 15TH ST S W  
City-St-Zip: WILMAR, MN 56201

Title: SD  
Name: HEALY, STEVEN  
Address: N8269 1015TH STREET  
City-St-Zip: RIVER FALLS, WI 54022

Title: D  
Name: FRIEDMAN, PAUL  
Address: 6513 HIGH MEADOW COURT  
City-St-Zip: LAKE ZURICH, IL 60047

Title: CD  
Name: COONROD, RICHARD  
Address: 7133 GLEASON ROAD  
City-St-Zip: EDINA, MN 554891610

Title: D  
Name: MCINTOSH, ROBERT  
Address: 10104 SE 187TH ST  
City-St-Zip: RENTON, WA 98055

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DALE C. LINDQUIST

PTD

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date