2012 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# F07000001436

Entity Name: TACTILE SYSTEMS TECHNOLOGY, INC.

FILED Apr 10, 2012 Secretary of State

Date

Current Principal Place of Business:		New Principal Place of I	New Principal Place of Business:	
1331 TYLER ST. NE SUITE 200 MINNEAPOLIS, MN 55413				
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
1331 TYLER ST. NE SUITE 200 MINNEAPOLIS, MN 55413				
FEI Number: 41-1801204	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
DION, CHANTAL 5224 NW 64TH BLVD GAINESVILLE, FL 32653	US			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,				

OFFICERS AND DIRECTORS:

Title: C

SIGNATURE:

Name: JOHNSON, DOUG

in the State of Florida.

Address: 1000 WESTGATE DR, SUITE 240

City-St-Zip: ST. PAUL, MN 55114

Title: CFO

Name: FOLKES, ROBERT

Address: 1331 TYLER ST NE, SUITE 200 City-St-Zip: MINNEAPOLIS, MN 55413

Title: D

Name: JANISCH, DAN

Address: 13928 DRUMMOND TRAIL City-St-Zip: APPLE VALLEY, MN 55124

Title: [

 Name:
 ROCHE, KEVIN

 Address:
 6800 DAKOTA TRAIL

 City-St-Zip:
 EDINA, MN 55439

Title: CEO

Name: MATTYS, GERALD

Address: 1331 TYLER ST NE, SUITE 200 City-St-Zip: MINNEAPOLIS, MN 55413

Title: D

Name: SHROFF, ZUBEEN

Address: 680 WASHINGTON BLVD, 11TH FLOOR

City-St-Zip: STAMFORD, CT 06901

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: ROBERT FOLKES CFO 04/10/2012