

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1100000135

Entity Name: OTOTRONIX, LLC

Current Principal Place of Business:

5000 TOWNSHIP PARKWAY
ST PAUL, MN 55110

Current Mailing Address:

5000 TOWNSHIP PARKWAY
ST PAUL, MN 55110 US

FEI Number: 32-0276109

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title MGRM
Name SPEARMAN, BETH
Address 26620 INTERSTATE 45 NORTH
City-State-Zip: OAK RIDGE NORTH TX 77386

Title MGRM
Name SPEARMAN, BRIAN
Address 5000 TOWNSHIP PARKWAY
City-State-Zip: ST PAUL MN 55110

Title MGRM
Name INCIPIO, LLC
Address 26620 INTERSTATE 45 NORTH
City-State-Zip: OAK RIDGE NORTH TX 77386

Title MGRM
Name INTREPID EQUITY, LLC
Address 26620 INTERSTATE 45 NORTH
City-State-Zip: OAK RIDGE NORTH TX 77386

Title MGRM
Name HOU, ZEZHANG
Address 26620 INTERSTATE 45 NORTH
City-State-Zip: OAK RIDGE NORTH TX 77386

Title MGRM
Name GLASSCOCK, MICHAEL III
Address 26620 INTERSTATE 45 NORTH
City-State-Zip: OAK RIDGE NORTH TX 77386

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURA SCHOMMER

ACCOUNTING

03/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date