

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000404

Entity Name: MEDIVATORS INC.

Current Principal Place of Business:

14605 28TH AVENUE NORTH
MINNEAPOLIS, MN 55447

Current Mailing Address:

14605 28TH AVENUE NORTH
MINNEAPOLIS, MN 55447

FEI Number: 41-1229121

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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

Officer/Director Detail :

Title DIRECTOR
Name SHELDON, CRAIG
Address 150 CLOVE ROAD
City-State-Zip: LITTLE FALLS NJ 07424

Title VP
Name HELMS, PAUL
Address 14605 28TH AVENUE NORTH
City-State-Zip: MINNEAPOLIS MN 55447

Title STVP
Name FINKLE, KEVIN
Address 14605 28TH AVENUE NORTH
City-State-Zip: MINNEAPOLIS MN 55447

Title VP
Name SMITH, CRAIG
Address 14605 28TH AVENUE NORTH
City-State-Zip: MINNEAPOLIS MN 55447

Title VP
Name BAUER, DENISE
Address 14605 28TH AVENUE NORTH
City-State-Zip: MINNEAPOLIS MN 55447

Title PRESIDENT AND CEO
Name HANSEN, JORGEN B
Address 150 CLOVE ROAD, 9TH FLOOR
City-State-Zip: LITTLE FALLS NJ 07424

Title VP
Name BYRNE, DON
Address 3150 POLLOK DRIVE
City-State-Zip: CONROE TX 77303

Title VP
Name HENAO, JAVIER
Address 14605 28TH AVENUE NORTH
City-State-Zip: MINNEAPOLIS MN 55447

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: KEVIN FINKLE

SECRETARY

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date