

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91083 009 ***550.00

DOCUMENT # F00000000489

1. Entity Name

XIOTECH CORPORATION

Principal Place of Business

Mailing Address

**6509 FLYING CLOUD DRIVE #200
 EDEN PRAIRIE MN 55344**

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 EDEN PRAIRIE MN 55344**

2. Principal Place of Business

6455 Flying Cloud Drive

3. Mailing Address

920 Disc Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eden Prairie, Minnesota

City & State

Scotts Valley, California

4. FEI Number

41-1821093

Applied For

Not Applicable

Zip

55344

Country

Zip

95066

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
 NAME **SORAN, PHILIP**
 STREET ADDRESS **9501 AMESBURY LANE**
 CITY-ST-ZIP **EDEN PRAIRIE MN 55347**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
 NAME **Stephen P. Sedler**
 STREET ADDRESS **1208 Spaich Drive**
 CITY-ST-ZIP **San Jose, California 95117**

TITLE **COO** ☐ Delete
 NAME **GUIDER, JOHN**
 STREET ADDRESS **5219 O'CONNAL DRIVE**
 CITY-ST-ZIP **MOUNDS VIEW MN 55112**

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

TITLE **CTO** ☒ Delete
 NAME **ASZMANN, LAWRENCE**
 STREET ADDRESS **3035 MARCIA**
 CITY-ST-ZIP **SHAKOPEE MN 55379**

TITLE **VP of Manufacturing** ☐ Change ☒ Addition
 NAME **Todd A. Engle**
 STREET ADDRESS **1477 Meadow Court**
 CITY-ST-ZIP **Chaska, MN 55318**

TITLE **CFO** ☐ Delete
 NAME **HOGUE, SUE**
 STREET ADDRESS **11397 WELTER WAY**
 CITY-ST-ZIP **EDEN PRAIRIE MN 55347**

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

TITLE **D** ☒ Delete
 NAME **SMITHERMAN, GREG**
 STREET ADDRESS **2180 SAND HILL ROAD SUITE 420**
 CITY-ST-ZIP **MENLO PARK CA 94025**

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

TITLE **D** ☒ Delete
 NAME **LEWIS, MAC**
 STREET ADDRESS **5759 LONG BRAKE CIRCLE**
 CITY-ST-ZIP **EDINA MN 55439**

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen P. Sedler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stephen P. Sedler
 Assistant Secretary**

(831) 439-2583

Date

Daytime Phone #

CR2E034 (10/00)