

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90009 039 ***150.00

DOCUMENT # F00000000489					
1. Entity Name XIOTECH CORPORATION					
Principal Place of Business 6455 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344			Mailing Address 6455 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-1821093	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME POWELL, CASEY STREET ADDRESS 6455 FLYING CLOUD CITY-ST-ZIP EDEN PRAIRIE, MN 55344	<input type="checkbox"/> Delete		TITLE D NAME Gerald Gallagher STREET ADDRESS 6455 Flying Cloud CITY-ST-ZIP Eden Prairie, mn 55344	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE EVFA NAME SNYDER, STEVE STREET ADDRESS 6455 FLYING CLOUD DR. CITY-ST-ZIP EDEN PRAIRIE, MN 55344	<input checked="" type="checkbox"/> Delete		TITLE D NAME Kenneth Hendrickson STREET ADDRESS 6455 Flying Cloud Dr CITY-ST-ZIP Eden Prairie, mn 55344	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GLASSMAYER, EDWARD STREET ADDRESS 6455 FLYING CLOUD DR CITY-ST-ZIP EDEN PRAIRIE, MN 55344	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME WAITE, DONALD STREET ADDRESS 6455 FLYING CLOUD DR CITY-ST-ZIP EDEN PRAIRIE, MN 55344	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE EXEV NAME KLAUSER, GEORGE STREET ADDRESS 6455 FLYING CLOUD DR. CITY-ST-ZIP EDEN PRAIRIE, MN 55344	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE CFO NAME Darin McAreavey STREET ADDRESS 6455 Flying Cloud Dr CITY-ST-ZIP Eden Prairie, mn 55344	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/6/08 Daytime Phone # 952-9833000		