

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
May 07, 2007 08:00 AM
Secretary of State



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1821093

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME POWELL, CASEY
STREET ADDRESS 6455 FLYING CLOUD
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE EVFA
NAME SNYDER, STEVE
STREET ADDRESS 6455 FLYING CLOUD DR.
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE D
NAME GLASSMAYER, EDWARD
STREET ADDRESS 6455 FLYING CLOUD DR
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE D
NAME WAITE, DONALD
STREET ADDRESS 6455 FLYING CLOUD DR
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE EXEV
NAME KLAUSER, GEORGE
STREET ADDRESS 6455 FLYING CLOUD DR.
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000761570
05/25/07-80060-013 150.00

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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

4-30-2007

Date

952-983-3000

Daytime Phone #