

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006375

Entity Name: DIASORIN INC.

FILED  
Feb 13, 2008  
Secretary of State

## Current Principal Place of Business:

1951 NORTHWESTERN AVENUE  
STILLWATER, MN 55082

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 285  
STILLWATER, MN 55082

## New Mailing Address:

FEI Number: 41-1980846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GOUZE, STEPHEN P  
Address: 1951 NORTHWESTERN AVE  
City-St-Zip: STILLWATER, MN 55082

Title: VD ( ) Delete  
Name: BONIOLO, ANTONIO  
Address: VIA CRESCENTINO S.N.C.  
City-St-Zip: 13040 SALUGGIA, (VC), ITALY,

Title: VD ( ) Delete  
Name: EVEN, CHEN M  
Address: VIA CRESCENTINO S.N.C.  
City-St-Zip: 13040 SALUGGIA, (VC), ITALY,

Title: VD ( ) Delete  
Name: ROSA, CARLO DR.  
Address: VIA CRESCENTINO S.N.C.  
City-St-Zip: 13040 SALUGGIA, (VC), ITALY,

Title: AS (X) Delete  
Name: NORTH, STANLEY U III  
Address: SILLS CUMMIS, 1 RIVERFRONT PLAZA  
City-St-Zip: NEWARK, NJ 071025400

Title: S ( ) Delete  
Name: JACKLIN, ELAINE H  
Address: 1951 NORTHWESTERN AVE  
City-St-Zip: STILLWATER, MN 55082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: STREETMAN, CARROLL  
Address: 1951 NORTHWESTERN AVE  
City-St-Zip: STILLWATER, MN 55082

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELAINE H. JACKLIN

SEC

02/13/2008

Electronic Signature of Signing Officer or Director

Date