

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006375

Entity Name: DIASORIN INC.

FILED
Apr 11, 2011
Secretary of State

Current Principal Place of Business:

1951 NORTHWESTERN AVENUE
STILLWATER, MN 550820285

New Principal Place of Business:

1951 NORTHWESTERN AVENUE
STILLWATER, MN 550820285 US

Current Mailing Address:

PO BOX 285
STILLWATER, MN 550820285

New Mailing Address:

PO BOX 285
STILLWATER, MN 550820285 US

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

OFFICERS AND DIRECTORS:

Title: PD
Name: STREETMAN, CARROLL
Address: 1951 NORTHWESTERN AVE
City-St-Zip: STILLWATER, MN 55082

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

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

Title: S
Name: SCHUENKE, DOUGLAS W
Address: 1951 NORTHWESTERN AVE
City-St-Zip: STILLWATER, MN 55082

Title: T
Name: SCHUENKE, DOUGLAS W
Address: 1951 NORTHWESTERN AVE
City-St-Zip: STILLWATER, MN 550820285

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: DOUGLAS W SCHUENKE

T

04/11/2011

Electronic Signature of Signing Officer or Director

Date