

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90457 049 \*\*\*150.00

**DOCUMENT # F02000000294**

1. Entity Name  
T-CHEK SYSTEMS, INC.



Principal Place of Business  
8100 MITCHELL ROAD, SUITE 200  
EDEN PRAIRIE, MN 55344

Mailing Address  
8100 MITCHELL ROAD, SUITE 200  
EDEN PRAIRIE, MN 55344

**14017052**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

41-1958256

Applied For

Not Applicable

Zip

Country

Zip

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. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME WALKER, MARK  
STREET ADDRESS 10024 GRISTMILL RIDGE  
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

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

TITLE V ☐ Delete  
NAME GURLEY, JOE E  
STREET ADDRESS 116 SHILOH DRIVE  
CITY-ST-ZIP MARION, AR 72364

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

TITLE V ☐ Delete  
NAME SINGH, J.J.  
STREET ADDRESS 8335 CARRIAGE HILL ALCOVE  
CITY-ST-ZIP SAVAGE, MN 55378

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

TITLE SD ☒ Delete  
NAME GLEASON, OWEN P  
STREET ADDRESS 6277 CHASEWOOD DRIVE  
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE ☐ Change ☒ Addition  
NAME V/O/S  
STREET ADDRESS Feuss, Linda  
CITY-ST-ZIP 8100 Mitchell Road  
Eden Prairie, MN 55344

TITLE AS ☐ Delete  
NAME SCHNEIDER, LORI M  
STREET ADDRESS 431 WATER STREET  
CITY-ST-ZIP JORDAN, MN 55352

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

TITLE T ☐ Delete  
NAME RENNER, TROY  
STREET ADDRESS 525 GREENVIEW DRIVE  
CITY-ST-ZIP CHANHASSEN, MN 55317

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Troy Renner*

Troy Renner

4-27-04

952-937-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #