

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000294

Entity Name: T-CHEK SYSTEMS, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

14701 CHARLSON ROAD
1400
EDEN PRAIRIE, MN 55347

New Principal Place of Business:

Current Mailing Address:

14701 CHARLSON ROAD
1400
EDEN PRAIRIE, MN 55347

New Mailing Address:

FEI Number: 41-1958256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: WALKER, MARK
Address: 10024 GRISTMILL RIDGE
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: V () Delete
Name: GURLEY, JOE E
Address: 116 SHILOH DRIVE
City-St-Zip: MARION, AR 72364

Title: V () Delete
Name: SINGH, J.J.
Address: 8335 CARRIAGE HILL ALCOVE
City-St-Zip: SAVAGE, MN 55378

Title: VDS () Delete
Name: FEUSS, LINDA
Address: 14701 CHARLSON ROAD, SUITE 1400
City-St-Zip: EDEN PRAIRIE, MN 55347

Title: AS () Delete
Name: SCHNEIDER, LORI M
Address: 431 WATER STREET
City-St-Zip: JORDAN, MN 55352

Title: T () Delete
Name: RENNER, TROY
Address: 2160 GALLERY COURT
City-St-Zip: VICTORIA, MN 55386

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VDS (X) Change () Addition
Name: CAMPBELL, BEN
Address: 14701 CHARLSON ROAD, SUITE 1400
City-St-Zip: EDEN PRAIRIE, MN 55347

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: TROY RENNER

T

04/13/2009

Electronic Signature of Signing Officer or Director

Date