

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002840

FILED
Apr 14, 2004
Secretary of State

Entity Name: ELA MEDICAL, INC.

Current Principal Place of Business:

2950 XENIUM LANE NORTH
PLYMOUTH, MN 55441

New Principal Place of Business:

Current Mailing Address:

2950 XENIUM LANE NORTH
PLYMOUTH, MN 55441

New Mailing Address:

FEI Number: 41-1357627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: VAN ZANDT, RUSSELL
Address: 2950 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: V () Delete
Name: JACOBSON, PETER
Address: 2950 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: D () Delete
Name: INGUAGGIATO, BRUNO
Address: 2950 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: D () Delete
Name: VIRANDO, ARNALDO
Address: 2950 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

Title: D () Delete
Name: THERET, DIDIER
Address: 2850 XENIUM LANE NORTH
City-St-Zip: PLYMOUTH, MN 55441

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: () 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 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 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: DIDIER THERET

D

04/14/2004

Electronic Signature of Signing Officer or Director

_____ Date