

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002840

FILED  
May 25, 2005  
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:**

14401 W. 65TH WAY  
ARVADA, CO 80004

**Current Mailing Address:**

2950 XENIUM LANE NORTH  
PLYMOUTH, MN 55441

**New Mailing Address:**

14401 W. 65TH WAY  
ARVADA, CO 80004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PACEK, JIM  
Address: 14401 W. 65TH WAY  
City-St-Zip: ARVADA, CO 80004

Title: CEO (X) Change ( ) Addition  
Name: STEWART, RODGER  
Address: 14401 W. 65TH WAY  
City-St-Zip: ARVADA, CO 80004

Title: VP (X) Change ( ) Addition  
Name: SHELDON, THOMAS  
Address: 14401 W. 65TH WAY  
City-St-Zip: ARVADA, CO 80004

Title: S (X) Change ( ) Addition  
Name: ZAMORA, BARBARA  
Address: 14401 W. 65TH WAY  
City-St-Zip: ARVADA, CO 80004

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: BARBARA ZAMORA

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05/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date