2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# F02000005221

Entity Name: PROVATION MEDICAL, INC.

Current Principal Place of Business:

800 WASHINGTON AVENUE NORTH, SUITE 400
MINNEAPOLIS, MN 55401

New Principal Place of Business:

Current Mailing Address:

2700 LAKE COOK ROAD
C/O WKUS LEGAL DEPT
RIVERWOODS, IL 60015

New Mailing Address:

FEI Number: 41-1819816 **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: D ( ) Delete
Name: MCCAULLEY, JEFFERY A
Address: 161 WASHINGTON STREET
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: S ( ) Delete
Name: LENZ, BRUCE C
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: VP ( ) Delete
Name: GORDON, DALE C
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: P ( ) Delete
Name: SUBRAMANIAN, ARVIND
Address: 800 WASHINGTON STREET
City-St-Zip: MINNEAPOLIS, MN 55401

Title: DT ( ) Delete
Name: PALOMO, BACILIO
Address: 161 WASHINGTON STREET
City-St-Zip: CONSHOHOCKEN, PA 19428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPAS (X) Change ( ) Addition
Name: GORDON, DALE C
Address: 2700 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

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: DALE C. GORDON VPAS 04/07/2008

Electronic Signature of Signing Officer or Director Date