


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004212	
1. Entity Name AUGUST TECHNOLOGY CORPORATION	

Principal Place of Business 4900 WEST 78TH STREET BLOOMINGTON, MN 55435	Mailing Address 4900 WEST 78TH STREET BLOOMINGTON, MN 55435
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DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-1729485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301	
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE 07/19/04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	07/19/04-80020-006 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD O'DELL, JEFF 4900 WEST 78TH STREET BLOOMINGTON, MN 55435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOO KLENK, DAVID 4900 WEST 78TH STREET BLOOMINGTON, MN 55435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO PIEKOS, STAN 4900 WEST 78TH STREET BLOOMINGTON, MN 55435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CAO GABBARD, SCOTT 4900 WEST 78TH STREET BLOOMINGTON, MN 55435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SCCO VASUTA, JOHN 4900 WEST 78TH STREET BLOOMINGTON, MN 55435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERNARDS, JIM 7200 METRO BLVD. EDINA, MN 55439

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Steve Pae</i></u>	<u>6/5/04</u>	<u>952 259162</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>