2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006283

Entity Name: ENDOCARDIAL SOLUTIONS, INC.

FILED Sep 07, 2004 Secretary of State

Current P	rincipal Place	e of Business:	New P	New Principal Place of Business:			
1350 ENE	RGY LANE, SI MN 55108						
Current M	lailing Addres	ss:	New M	ailing Address:	:		
	RGY LANE, SI MN 55108	JITE 110					
FEI Number	: 41-1724963	FEI Number Applied For()	FEI Number Not	Applicable ()	Certificate of Status De	sired()	
Name and	Address of (Current Registered Agent:	Name	and Address of	New Registered Agen	it:	
1200 S. PI PLANTATI The above in the State	e of Florida.	D.	purpose of changi	ng its registered	office or registered age	nt, or both,	
SIGNATU		nic Signature of Registered Ag	ont		 Date		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: PCEO () Delete				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition			
Name: Name: Address: City-St-Zip:	BULLOCK, JAN 9415 OLYMPIA EDEN PRAIRIE	MES A DR.	Name: Address: City-St-2	,) Change () Addition		
Title: Name: Address: City-St-Zip:	CD (BULLOCK, JAN 9415 OLYMPIA EDEN PRAIRIE	DR.	Title: Name: Address: City-St-Z) Change () Addition		
Title: Name: Address: City-St-Zip:	V (OMILANOWIC: 199 WILD RID MAHTOMEDI, I	GE RD.	Title: Name: Address: City-St-Z	`) Change () Addition		
Title: Name: Address: City-St-Zip:	CFO (PAULSON, J. F 1045 SETTLEF MEDINA, MN 5	RS RD.	Title: Name: Address: City-St-Z	,) Change () Addition		
Title: Name: Address: City-St-Zip:	CTO (BEATTY, GRA' 1170 CUSHING ST. PAUL, MN	G CIR. #121	Title: Name: Address: City-St-Z	`) Change () Addition		
Title: Name: Address: City-St-Zip:	SD (BEATTY, GRA' 1170 CUSHING ST. PAUL, MN	G CIR. #121	Title: Name: Address: City-St-Z	WETHINGTOI 4615 CASCO	AVENUE		

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: ROBERT PAULSON MR 09/07/2004