FILED
Aug 25, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000001327

1. Entity Name
KATOLIGHT CORPORATION

Principal Place of Business	Mailing Address
100 POWER DRIVE MANKATO, MN 56001	P.O. BOX 3229 MANKATO, MN 56001

U00000376889
08/25/05-80001-003 550.00

08082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-0720890
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GROVE, R.B.
261 SW 6TH STREET
MIAMI, FL 33130

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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: VP JAVIER MAZARREDO 8-10-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	JACOBSON, KAY
STREET ADDRESS	2200 EVERGREEN DR.
CITY-ST-ZIP	MANKATO, MN 56050
TITLE	P
NAME	JACOBSON, LYLE G
STREET ADDRESS	2200 EVERGREEN DR.
CITY-ST-ZIP	MANKATO, MN 56050
TITLE	S
NAME	PENNINGTON, C.W.
STREET ADDRESS	149 GLENCREST DR. WEST
CITY-ST-ZIP	MANKATO, MN 56001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lyle G. Jacobson 8/15/05 507-625-7973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #