

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000001327

1. Entity Name
KATOLIGHT CORPORATION



Principal Place of Business
100 POWER DRIVE
MANKATO, MN 56001

Mailing Address
P.O. BOX 3229
MANKATO, MN 56001

FILED

Jul 15, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
41-0720890

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000954910
07/15/08-80003-003 550.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	GROEBER, ARMIN
STREET ADDRESS	100 POWER DRIVE
CITY-ST-ZIP	MANKATO, MN 56002
TITLE	P
NAME	POCKRANDT, JIM
STREET ADDRESS	100 POWER DRIVE
CITY-ST-ZIP	MANKATO, MN 56002
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-08

Date

507-625-7973

Daytime Phone #