

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001392

FILED  
May 30, 2007  
Secretary of State

Entity Name: AMPLATZER MEDICAL SALES CORPORATION

## Current Principal Place of Business:

682 MENDELSSOHN AVE. N  
GOLDEN VALLEY, MN 55427

## New Principal Place of Business:

5050 NATHAN LANE N  
PLYMOUTH, MN 55442

## Current Mailing Address:

682 MENDELSSOHN AVE. N  
GOLDEN VALLEY, MN 55427

## New Mailing Address:

5050 NATHAN LANE N  
PLYMOUTH, MN 55442

FEI Number: 37-1450639

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: C ( ) Delete  
Name: THOMPSON, TOMMY G  
Address: 1333 NEW HAMPSHIRE AVENUE NW  
City-St-Zip: WASHINGTON, DC 20036

Title: DP ( ) Delete  
Name: GOUGEON, FRANCK  
Address: 682 MENDELSSOHN AVE. N  
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: D ( ) Delete  
Name: AMPLATZ, KURT MD  
Address: 682 MENDELSSOHN AVE. N  
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: S (X) Delete  
Name: ROTHER, PETER V ESQ  
Address: 682 MENDELSSOHN AVE. N  
City-St-Zip: GOLDEN VALLEY, MN 55427

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: GOUGEON, FRANCK  
Address: 5050 NATHAN LANE N  
City-St-Zip: PLYMOUTH, MN 55442

Title: DIR (X) Change ( ) Addition  
Name: GOUGEON, FRANCK  
Address: 5050 NATHAN LANE N  
City-St-Zip: PLYMOUTH, MN 55442

Title: S (X) Change ( ) Addition  
Name: ROTHER, PETER V  
Address: 5050 NATHAN LANE N  
City-St-Zip: PLYMOUTH, MN 55442

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: FRANCK GOUGEON

PRES

05/30/2007

Electronic Signature of Signing Officer or Director

Date