

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003329

FILED  
Mar 18, 2011  
Secretary of State

Entity Name: ANULEX TECHNOLOGIES, INC.

**Current Principal Place of Business:**

5600 ROWLAND RD. STE  
MINNETONKA, MN 55343

**New Principal Place of Business:**

**Current Mailing Address:**

5600 ROWLAND RD. STE  
MINNETONKA, MN 55343

**New Mailing Address:**

FEI Number: 41-2000527

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

**OFFICERS AND DIRECTORS:**

Title: SEC  
Name: LETSCHER, TOM  
Address: 5600 ROWLAND RD. STE  
City-St-Zip: MINNETONKA, MN 55343

Title: TREA  
Name: NOEL, DAVID  
Address: 5600 ROWLAND RD. STE  
City-St-Zip: MINNETONKA, MN 55343

Title: DIR  
Name: BENSON, BUZZ  
Address: 5600 ROWLAND RD. STE  
City-St-Zip: MINNETONKA, MN 55343

Title: DIR  
Name: ROEDER, DOUG  
Address: 5600 ROWLAND RD. STE  
City-St-Zip: MINNETONKA, MN 55343

Title: DIR  
Name: SHERMAN, MIKE  
Address: 5600 ROWLAND RD. STE  
City-St-Zip: MINNETONKA, MN 55343

Title: DIR  
Name: SPENCER, DALE  
Address: 5600 ROWLAND RD. STE  
City-St-Zip: MINNETONKA, MN 55343

I hereby 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 all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

03/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date