

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004853

FILED
Feb 11, 2011
Secretary of State

Entity Name: RESPIRATORY TECHNOLOGIES, INC.

Current Principal Place of Business:

2896 CENTRE POINTE DRIVE
ST. PAUL, MN 55113

New Principal Place of Business:

Current Mailing Address:

2896 CENTRE POINTE DRIVE
ST. PAUL, MN 55113

New Mailing Address:

FEI Number: 77-0633673 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: CEOC
Name: EHLEN, K. JAMES
Address: 4221 WOODLAND TRAIL
City-St-Zip: GOLDEN VALLEY, MN 55422

Title: D
Name: BROWN, WILLIAM
Address: 7825 WASHINGTON AVENUE #500
City-St-Zip: BLOOMINGTON, MN 55439

Title: D
Name: SCHNEIDER, KURT J
Address: 6924 VALLEY VIEW ROAD
City-St-Zip: EDINA, MN 55439

Title: D
Name: MERTZ, PAMELA K
Address: 5887 QUALE AVENUE NE
City-St-Zip: ST. MICHAEL, MN 55439

Title: D
Name: REUVERS, DAN
Address: 4849 WHITE BEAR PARKWAY
City-St-Zip: ST. PAUL, MN 55110

Title: CFOS
Name: FULL, MARY K
Address: 2896 CENTRE POINTE DRIVE
City-St-Zip: ST. PAUL, MN 55113

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: MARY K FULL

CFOS

02/11/2011

Electronic Signature of Signing Officer or Director

Date