2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# F94000006184

Entity Name: SIMRAD, INC.

Current Principal Place of Business:

19210 33RD AVE., WEST
SUITE A
LYNNWOOD, WA 98036

New Principal Place of Business:

Current Mailing Address:

19210 33RD AVE., WEST
SUITE A
LYNNWOOD, WA 98036

New Mailing Address:

FEI Number: 91-1411826 **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: MARYJANE CAHILL 800-925-7562 X3138
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STATON, BRIAN D
Address: 19210 33RD AVE., W. STE. A
City-St-Zip: LYNNWOOD, WA 98036

Title: ST ( ) Delete
Name: MARVIN, GARY N
Address: 19210 33RD AVE., W. STE. A
City-St-Zip: LYNNWOOD, WA 98036

Title: D ( ) Delete
Name: BERNER, JAN
Address: 19210 33RD AVE., W. STE. A
City-St-Zip: LYNNWOOD, WA 98036

Title: D ( ) Delete
Name: BOGAN, ODD GUNNAR
Address: 19210 33RD AVE., W. STE. A
City-St-Zip: LYNNWOOD, WA 98036

Title: D ( ) Delete
Name: SCHWARTZ, MICHAEL
Address: 400 S. HWY 169 - #110
City-St-Zip: MINNEAPOLIS, MN 55426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BOGEN, ODD GUNNAR
Address: 19210 33RD AVE., W. STE. A
City-St-Zip: LYNNWOOD, WA 98036

Title: D (X) Change ( ) Addition
Name: SCHWARTZ, MICHAEL
Address: PO BOX 219, 455 POND PROMENADE
City-St-Zip: CHANHASSEN, MN 55317

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY N. MARVIN CFO 10/06/2005
Electronic Signature of Signing Officer or Director Date