

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000002

Entity Name: IMI CORNELIUS, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

500 REGENCY DRIVE
GLENDALE HEIGHTS, IL 60139

New Principal Place of Business:

Current Mailing Address:

C/O IMI GROUP INC., 101 BROADWAY ST WEST
SUITE 204
OSSEO, MN 55369

New Mailing Address:

FEI Number: 41-0204600 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: D/CB (X) Delete
Name: WHITNEY, WAYNE CEO
Address: 15100 BUSINESS PARKWAY
City-St-Zip: ROSEMOUNT, MN 55068

Title: AS () Delete
Name: ETTER, JAMES ASST S
Address: 101 BROADWAY STREET WEST, #204
City-St-Zip: OSSEO, MN 55369

Title: S () Delete
Name: WHELPLEY, DENNIS P SEC.
Address: 45 SOUTH 7TH STREET
City-St-Zip: MINNEAPOLIS, MN 55402

Title: VP () Delete
Name: THOMSON, KEN FINANCE
Address: 500 REGENCY DRIVE
City-St-Zip: GLENDALE HEIGHTS, IL 60139

Title: P/D () Delete
Name: STOREY, DAVID A PRES
Address: 500 REGENCY DRIVE
City-St-Zip: GLENDALE HEIGHTS, IL 60139

Title: D/F () Delete
Name: JACOBY, CLAYTON J FINANCE
Address: 101 BROADWAY STREET WEST, #100
City-St-Zip: OSSEO, MN 55369

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

Title: P/D (X) Change () Addition
Name: HUBBARD, TIM PRES
Address: 101 BROADWAY ST W, #100
City-St-Zip: OSSEO, MN 55369

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES ETTER

AS

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date