2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# F95000005775

Entity Name: MICROTEK MEDICAL, INC.

Current Principal Place of Business:

512 LEHMBERG ROAD
COLUMBUS, MS 39702

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2487
COLUMBUS, MS 39704

New Mailing Address:

FEI Number: 64-0700671 **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: P ( ) Delete
Name: LEE, DAN R
Address: 512 LEHMBERG RD
City-St-Zip: COLUMBUS, MS 39702

Title: TR ( ) Delete
Name: WILSON, ROGER G
Address: 512 LEHMBERG ROAD
City-St-Zip: COLUMBUS, MS 39702

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEE, DAN PRES.
Address: 512 LEHMBERG RD
City-St-Zip: COLUMBUS, MS 39702

Title: SEC (X) Change ( ) Addition
Name: ERICKSON, SARAH Z SEC.
Address: 512 LEHMBERG ROAD
City-St-Zip: COLUMBUS, MS 39702

Title: TR ( ) Change (X) Addition
Name: NELSON, LAURA F VP -FIN
Address: 512 LEHMBERG
City-St-Zip: COLUMBUS, MS 39702

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: ELIZABETH B. JOLLY V.P. 03/11/2009

Electronic Signature of Signing Officer or Director Date