2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2010
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
Name: NESTEGARD, SUSAN K PRES.
Address: 370 N. WABASHA
City-St-Zip: ST. PAUL, MN 55102

Title: SEC
Name: ERICKSON, SARAH Z SEC.
Address: 370 N. WABASHA
City-St-Zip: ST. PAUL, MN 55102

Title: FINA
Name: NELSON, LAURA F VP -FIN
Address: 512 LEHMBERG
City-St-Zip: COLUMBUS, MS 39702

Title: SEC
Name: DUVICK, DAVID F ASS SEC
Address: 370 N. WABASHA
City-St-Zip: ST. PAUL, MN 55102

Title: VP
Name: MCCORMICK, MICHAEL VP
Address: 370 N. WABASHA
City-St-Zip: ST. PAUL, MN 55102

Title: TR
Name: CHEW, MENG C TR
Address: 370 N. WABASHA
City-St-Zip: ST. PAUL, MN 55102

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: LAURA F. NELSON VP-F 04/02/2010

Electronic Signature of Signing Officer or Director Date