

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005775

Entity Name: MICROTEK MEDICAL, INC.

FILED  
Jan 17, 2011  
Secretary of State

## 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

## OFFICERS AND DIRECTORS:

Title: P  
Name: NESTEGARD, SUSAN K PRES.  
Address: 370 N. WABASHA  
City-St-Zip: ST. PAUL, MN 55102

Title: VP  
Name: DILLOW, ANGELA K VP  
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

FINA

01/17/2011

Electronic Signature of Signing Officer or Director

Date