FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

F9600000116 (1)

DOCUMENT # FSI INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED Mar 27 1998 8:00am Secretary of State



322 LARE HAZELTINE DR. CHASKA MN 55318		CHASKA MI	MAZELIINE DK. N 5531R			
CHARLES WIT DOOLD		OWNER MI	IT WALK		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 01/05/1996	
2. Principal Pla	ace of Business	2a. Mailing /	2a. Mailing Address		4. FEI Number	Applied For
21		26			41-1223238	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional
22		27	A STATE OF THE PARTY OF THE PAR		5. Certificate of Status Desired	Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	· — ·		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 Name and Address of Cur	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30 stered Agent		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 81 Name					194 - Amilia mile Limerage of their Holliesters	
	O SOUTH PINE ISLAND ROA	n			1000	
	NTATION FL 33324	•	82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
100	(((())) V) L		a	3		
				4 City		85 Zip Code
			[]	1 - 7	FL.	1 1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
9	Signature, typed or printed name of registered	 		gent signature requi	red when reinstating) DATE	SUBFOTORS III IS
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PCEO	ſ	DELETE 1.1 TITLE			Change 🔀 Addition
NAME	ELFTMANN, JOEL A 322 LAKE HAZELTINE BLV	'n	1.2 NAM	E 120	OFFORD CHARLES R	
STREET ADDRESS	CHASKA MN 55318	U.		I	22 LAKE HAZELTINE DR	
CITY+ST-ZIP	ALVOKY WIL 20219		4	-ST-ZIP C/	HASKA, MN 55318	Change Addition
TITLE	CAVINS, ROBERT E	*		. 47	AC. V P! CAO A SECRETARY AND, BENNO G.	The relation was unforted to
NAME CARECT ADDRESS	322 LAKE HAZELTINE DR.		2.2 NAM	ET ADDRESS 32	12 LAKE HAZELTINE DA	,
STREET ADDRESS	CHASKA MN 55318		1		HASKA, MN 55318	<u>-</u>
CITY-ST-ZIP TITLE	MPRESIDE AT S	CO 0	DELETE 3.1 TITLE	101-41F	KECUTIVE UP; COO	Change Addition
NAME	COURTNEY, DALE A	,—, p	3.2 NAM		LOAN DRIENJAMIN J	
STREET ADDRESS	322 LAKE HAZELTINE DR.				22 CAKE HAVELTINE D	'
CITY-ST-ZIP	CHASKA MN 55318				HASKA MN 5528	/ K_
TITLE	7	<u>}</u>	DELETE 4.1 TITLE		P. GEN'L COUNSEL	☐ Change 🔀 Addition
NAME	STEWART, J W	,	4. 2 NAM		MAREK LUKE R	
STREET ADDRESS	322 LAKE HAZELTINE DR.		4.3 STRE	ET ADDRESS. 3	22 LAKE HATELTINE D	31
CITY-ST-ZIP	CHASKA MN 55318		4.4 CITY	I .	4ASKA MN 55318	
TITLE	V		DELETE 5.1 TITLE	V	P-HUMAN RESOURCES	Change Addition
NAME	krieg, timothy d		5.2 NAM	E A	MMANN, MARK A	
STREET ADDRESS	322 LAKE HAZELTINE DR.		5.3 STAE	et address 🎜 🕻	DLLAKE HALELTINE DR	?
CITY - ST - ZIP	CHASKA MN 55318		5.4 007	-ST. 7/0	UNCHA MALCODIA	
TITLE	UP BALBS: A	CCOUNT #	SELETE 61 TITLI	6	FO & CORP CONTROLLER OLLISTER, PATRICIA 10 22 LAKE HAZELTINE	☐ Change
NAME	POPE, PETER A	mam.	6.2 NAM	$\mathbf{E} = H $	OLLISTER PATRICIA 1	n
STREET ADDRESS	322 LAKE HAZELTINE DR.		6.3 STRE	ET ADDRESS 🎜 🕉	22 LAKE HAZELTINE	DR
CITY-ST-ZIP	CHASKA MN 55318		6.4 CITY	-ST-ZIP	AASKA MN 553/8 Section 119.07(3)(i), Florida Statutes, I further ce	
44 Lheraby or	artifu that the information eupplie	d with this filing does	not qualify for the even	ntion stated in	Section 119.07(3)(i). Florida Statutes, I further ce	rtify that the information

indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or or an attachment with an address.