2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9600000116

Entity Name: FSI INTERNATIONAL, INC.

FILED Feb 08, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
3455 LYMAN BLV.D CHASKA, MN 553183052					
Current Mailing Address:			New Mailing Address:		
3455 LYMAN BLV.D CHASKA, MN 553183052					
FEI Number:	41-1223238	FEI Number Applied For () FEI Nu	mber Not Appli	Olicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:					
	Electroni	c Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () I BERNARDS, JAN 3445 LYMAN BL CHASKA, MN 55	VD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEOP () I MITCHELL, DON 3455 LYMAN BL CHASKA, MN 55	VD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I WILLEM, MARIS 3455 LYMAN BL CHASKA, MN 55	VD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MARIS, WILLEM D 3455 LYMAN BLVD CHASKA, MN 553183052	
Title: Name: Address: City-St-Zip:	V ()ELY, JOHN C 3455 LYMAN BL CHASKA, MN 55		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () HOLLISTER, PA 3455 LYMAN BL CHASKA, MN 55	VD	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition HOLLISTER, PATRICIA M 3455 LYMAN BLVD CHASKA, MN 553183025	
Title: Name: Address: City-St-Zip:	D () I GLAMER, TERR 3455 LYMAN BL CHASKA, MN 55	VD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GLARNER, TERRENCE W 3455 LYMAN BLVD CHASKA, MN 55318	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA M. HOLLISTER CFO 02/08/2005