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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002055 (8)

1. Corporation Name
OSMONICS, INC.

Principal Place of Business	Mailing Address
5951 CLEARWATER DR MINNETONKA MN 55343	5951 CLEARWATER DR MINNETONKA MN 55343

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/21/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **41-0955759**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ISABELL, MICHAEL 3663 SW 30TH AVE FT LAUDERDALE FL 33312	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPATZ, R. CAROL		2.2 NAME		
STREET ADDRESS	5951 CLEARWATER DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN 55343		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DICKE, HOWARD W		3.2 NAME		
STREET ADDRESS	5951 CLEARWATER DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN 55343		3.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUNZHEIMER, L. LEE		4.2 NAME		
STREET ADDRESS	5951 CLEARWATER DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN 55343		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	VP OPERATIONS	☒ Change ☐ Addition
NAME	DETERT, JAMES W		5.2 NAME	TOOMEY, KENTON C	
STREET ADDRESS	5951 CLEARWATER DR		5.3 STREET ADDRESS	5951 CLEARWATER DRIVE	
CITY-ST-ZIP	MINNETONKA MN 55343		5.4 CITY-ST-ZIP	MINNETONKA, MN 55343	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CARBONARI, JAMES J		6.2 NAME		
STREET ADDRESS	5951 CLEARWATER DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN 55343		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 on an attachment with an address.

SIGNATURE: _____ 23 Feb 98