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Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90113 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000002055**

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 Qualifed: 04/21/1997

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: 41-0955759 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~ISABELL, MICHAEL~~
~~3663 SW 30TH AVE~~
~~FT LAUDERDALE FL 33312~~

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd
83
84 City: Plantation FL 85 Zip Code: 33324

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: Michele R Chatelain, Asst Secy — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPATZ, D. DEAN		1.2 NAME		
STREET ADDRESS	5951 CLEARWATER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN 55343		1.4 CITY-ST-ZIP		
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	VPOP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TOOMEY, KENTON C		5.2 NAME		
STREET ADDRESS	5951 CLEARWATER DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN 55343		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE	V	☒ Change ☐ Addition
NAME	CARBONARI, JAMES J		6.2 NAME	Roger Miller	
STREET ADDRESS	5951 CLEARWATER DR		6.3 STREET ADDRESS	5951 Clearwater Drive	
CITY-ST-ZIP	MINNETONKA MN 55343		6.4 CITY-ST-ZIP	Minnetonka MN 55343	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #