2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am Secretary of State DOCUMENT # F97000002055 1. Entity Name 03-27-2002 90077 038 ***150.00 OSMONICS, INC. Principal Place of Business Mailing Address 5951 CLEARWATER DR 5951 CLEARWATER DR MINNETONKA MN 55343 MINNETONKA MN 55343 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 41-0955759 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD **PLANTATION FL 33324** Zip Code City FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete VP Technology Change ☐ Addition TITLE TITLE Phillip Rolchigo 5951 clearwater Drive NAME NAME SPATZ, D. DEAN STREET ADDRESS STREET ADDRESS 5951 CLEARWATER DR Minnetonka MN 55343 COO and President CITY-ST-ZIP CITY-ST-ZIP MINNETONKA MN 55343 ☐ Addition Change ☐ Delete TITLE SD Edward J. Fierko SPATZ, R. CAROL NAME NAME 5951 Clearwater Drive STREET ADDRESS STREET ADDRESS 5951 CLEARWATER DR Minnetonka MN 55343 CITY-ST-ZIP CITY-ST-ZIP **MINNETONKA MN 55343** ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME DICKE, HOWARD W-STREET ADDRESS STREET ADDRESS 5951 CLEARWATER DR CITY-ST-ZIP CITY-ST-ZIP MINNETONKA MN 55343 ☐ Change ☐ Addition ☐ Delete TITLE TITLE CF0 NAME NAME ROBINSON, KEITH STREET ADDRESS STREET ADDRESS 5951 CLEARWATER DR CITY-ST-ZIP CITY-ST-ZIP MINNETONKA MN 55343 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MILLER, ROGER STREET ADDRESS STREET ADDRESS 5951 CLEARWATER DR CITY-ST-7IP CITY-ST-ZIP MINNETONKA MN 55343 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED