PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F97000002678**

1. Corporation Name

WATER INSTRUMENTS, INC.

,		
Principal	Place of	Business

FILED Mar 05, 1999 8:00 am **Secretary of State**

03-05-1999 90025 038 ***150.00



Principal Place of Business	Mailing Address			1			
2950 XENIUM LANE NORTH, STE 108 MINNEAPOLIS MN 55441	2950 XENIUM LANE NORTH. S MINNEAPOLIS MN 55441	2950 XENIUM LANE NORTH. STE 108 MINNEAPOLIS MN 55441		DO NOT	WOITE IN THIS	SBACE	
					WRITE IN THIS	SPACE	
				3. Date Incorporated or Qua 05/21/1997	alifed		1
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Apr	plied For
¬ · · · · · · · · · · · · · · · · · · ·	26			41-0832194		<u> </u>	t Applicable
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.			11 000E 101		\$8.75 A	
	— — · · ·			5. Certificate of Status Desir	ed 🗀	Fee Re	
22	City & State			6. Election Campaign Finan		-\$5.00	
City & State	28			Trust Fund Contribution	icing □.	Added to	•
Zip Country	Zip	Countr		8. This corporation owes the	e current year Int		
'	— — · — —	_	,	Personal Property Tax.	s current year int		XINo
24 25 9. Name and Address of Cur		<u>u</u>		10. Name and Address of I	New Registered		
5. Name and Address of Cui	IEIK Kedistelan Adelit	81	Name				$\neg \neg$
- MAINLINE INFORMATION SYSTEM	S, INC	L				<u> </u>	
- 3372 CAPITAL CIRCLE, N.E) 82	2 Street_Addre	ass (P, A Rox Number is Not A	cceptable)		.]
- TALLAHASSEE FL 32308		83	3		·		
		"	' 5 <i>2</i> 2	l Cedar	5/ree	7	
4	1 1	84	100	VGBOAT KEY	FL	. 85 Zip C	
11. Pursuant to the provisions of Sections 607.	502 and 607.1508, Florida Statutes,	the abov	is named some	retion submits this statement for	or the purpose of	changing its	registered
office or registered agent, or both, in the obtaining agent. I am familiar with, agent accept the obtaining the obtaining agent.	ate of Florida. Such change was auth ligations of, Section 607.0505, Florida	orized by a Statute	y tne corporatio S∷r	in s board of directors. Thereby	accept the appoi	ntment as reg	jisterea
SIGNATURE 1.		hn J	<u>. L</u> osc		///_		
Signature, typed or united name of registered			ent signature required	when reinstating) ADDITIONS/CHANGES T	O OFFICERS AN	ID DIDECTO	PS IN 12
1.600	AND DIRECTORS	13.		ADDITIONS/CHANGES I	O OFFICERS AI	Change	Addition
TITLE PCD	☐ DELETE	1.1 TITLE				Citatige	☐ Addition
NAME GRABOWSKI, JERRY		1.2 NAME					l
STREET ADDRESS 2411 - 7TH STREET, N.W.		1.3 STREE	ET ADDRESS				
CITY-ST-ZIP ROCHESTER MN	<u> </u>	14 CITY-	ST-ZIP				
TITLE V	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME ANSHUS, GREGG		2.2 NAME	:]
STREET ADDRESS 2411 - 7TH STREET, N.W.		2.3 STRE	ET ADDRESS				Ī
CITY-ST-ZIP ROCHESTER MN		2. 4 CFTY-	-ST-ZIP				
TITLE SD	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME GRIMSTAD, JOHN		3.2 NAME	.	•			
STREET ADDRESS 2411 - 7TH STREET, N.W.		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP ROCHESTER MN	_	3.4. CITY-	ST-ZIP				
TITLE TAS	☐ DELETE	4.1 TITLE			•	☐ Change	☐ Addition
NAME HENRY, RONI		4. 2 NAM	E				F .
STREET ADDRESS 2411 - 7TH STREET, N.W.		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP ROCHESTER MN		4.4 CITY-	ST-ZIP				
TITLE VD	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME SCHIEFELBEIN, CHARLES		5.2 NAME	:				
STREET ADDRESS 90 SOUTH 7TH STREET		5.3 STRE	ET ADORESS				
CITY-ST-ZIP MINNEAPOLIS MN		5.4 CITY-	i				
TITLE VD	☐ DELETE	6.1 TITLE				Change	Addition
·	E CORRECT SPELLING	6.2 NAME		RANTA, WIL	Linm	7	_
NAME HAUTA, WILLIAM DE	LE COERECI STEELING	T _{e 2} ette	ET 40000565 12	BAK FALL P	PK COU	RT	

ACITY-ST-ZIP

NEW SHIGHTON MN 55112

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 attatriment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

CEUMED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 612-509-7440