

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000359

Entity Name: HESKA CORPORATION

FILED
Jan 26, 2006
Secretary of State

Current Principal Place of Business:

3760 ROCKY MTN AVE
LOVELAND, CO 80538 US

New Principal Place of Business:

Current Mailing Address:

3760 ROCKY MTN AVE
LOVELAND, CO 80538 US

New Mailing Address:

FEI Number: 77-0192527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOLAN, A. B
Address: 525 UNIVERSITY, SUITE 1500
City-St-Zip: PALO ALTO, CA 94301

Title: CEOD () Delete
Name: GRIEVE, ROBERT B
Address: 1613 PROSPECT PARKWAY
City-St-Zip: FORT COLLINS, CO 80525

Title: VSC () Delete
Name: NAPOLITANO, JASON A
Address: 1163 PRESPECT PARKWAY
City-St-Zip: FORT COLLINS, CO 80525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DOLAN, A. B
Address: 3760 ROCKY MTN AVE
City-St-Zip: LOVELAND, CO 80538

Title: CEOD (X) Change () Addition
Name: GRIEVE, ROBERT B
Address: 3760 ROCKY MTN AVE
City-St-Zip: LOVELAND, CO 80538

Title: VSC (X) Change () Addition
Name: NAPOLITANO, JASON A
Address: 3760 ROCKY MTN AVE
City-St-Zip: LOVELAND, CO 80538

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL A BENT

VP

01/26/2006

Electronic Signature of Signing Officer or Director

Date