

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90087 021 ***150.00

DOCUMENT # F99000002709

1. Entity Name

IMAGE-GUIDED NEUROLOGICS, INC.

Principal Place of Business

Mailing Address

2290 W EAU GALLIE BLVD
SUITE 210
MELBOURNE FL 32935

2290 W EAU GALLIE BLVD
SUITE 210
MELBOURNE FL 32935-3145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 41-1870695

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAZZOCCHI, RUDY A
2290 W EAU GALLIE BLVD
SUITE 210
MELBOURNE FL 32935

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAZZOCCHI, RUDY 15 WINDJAMMER POINT MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TRUWIT, CHARLES MD 378 W FERNDAL RD WAYZATA MN 55391	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RENNER, MICHAEL 411 OAK STREET MELBOURNE BEACH FL 32951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SPENCER, ED JR 821 MARQUETTE AVE 1900 FOSHAY TOWER MINNEAPOLIS MN 55402-2929	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. KUCHARCZYK, JOHN 1117 MARQUETTE AVE APT 1406 MINNEAPOLIS MN 55403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MCNERNEY, PETER 60 S SIXTH STREET SUITE 3510 MINNEAPOLIS MN 55402	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT FRANK C. MURDOCK 845 SANDERLING DRIVE INDIANALANTIC, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RAGHU RAGHAVAN 4203 SOMERSET PLACE BALTIMORE, MD 21210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DALE SPENCER 503 W. FERNDAL RD WAYZATA, MN 55391	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/TREASURER B. KRISTINE JOHNSON 456 BOVEY ROAD WAYZATA, MN 55391	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	261 WILSON AVENUE NOVATO, CA 94947	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2000

Date

(321) 757-8990

Daytime Phone #

CR2E034 (9/99)

#F9900002709
#A0029330

Image-Guided Neurologics, Inc.
FEI # 41-1870695

2000 Uniform Business Report (UBR)
Document # F99000002709

11. Officers and Directors

David W. Stassen
10400 Viking Drive, Suite 530
Eden Prairie, MN 55344
Director

Thomas Martin
Pillsbury Center South
220 South Sixth Street
Minneapolis, MN 55402
Secretary