

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004569

1. Entity Name

EMPI SALES CORP.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90410 049 ***150.00

Principal Place of Business

Mailing Address

599 CARDIGAN ROAD
ST. PAUL MN 55126-4099

599 CARDIGAN ROAD
ST. PAUL MN 55126-3965

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1947725

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 CD ☐ Delete
NAME LAPTEWICZ, JOSEPH E JR.
STREET ADDRESS 599 CARDIGAN ROAD
CITY-ST-ZIP ST. PAUL MN 55126-4099

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VAS ☐ Delete
NAME SPANGLER, PATRICK D
STREET ADDRESS 599 CARDIGAN ROAD
CITY-ST-ZIP ST. PAUL MN 55126-4099

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME VIERLING, H. PHILIP
STREET ADDRESS 599 CARDIGAN ROAD
CITY-ST-ZIP ST. PAUL MN 55126-4099

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME KING, THOMAS R
STREET ADDRESS 599 CARDIGAN ROAD
CITY-ST-ZIP ST. PAUL MN 55126-4099

TITLE S ☐ Change ☒ Addition
NAME JOAN E STRAND
STREET ADDRESS 599 CARDIGAN ROAD
CITY-ST-ZIP ST. PAUL, MN 55126

TITLE V ☐ Delete
NAME KLAPP, ROBERT W
STREET ADDRESS 599 CARDIGAN ROAD
CITY-ST-ZIP ST. PAUL MN 55126-4099

TITLE ☒ Change ☐ Addition
NAME CLAPP, ROBERT W
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME HAMLIN, ROBERT N
STREET ADDRESS 599 CARDIGAN ROAD
CITY-ST-ZIP ST. PAUL MN 55126-4099

TITLE V ☐ Change ☒ Addition
NAME DEBORAH L. JENSEN
STREET ADDRESS 599 CARDIGAN ROAD
CITY-ST-ZIP ST. PAUL, MN 55126

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

4/19/00

Date

651-415-9000

Daytime Phone #

CR2E034 (9/99)