


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90058 030 \*\*\*150.00

<b>DOCUMENT # F99000004569</b>					
<b>1. Entity Name</b> EMPI SALES CORP.					
<b>Principal Place of Business</b> 599 CARDIGAN ROAD ST. PAUL, MN 55126-4099			<b>Mailing Address</b> 599 CARDIGAN ROAD ST. PAUL, MN 55126-4099		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 41-1947725					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NRAI SERVICES, INC. 526 E PARK AVENUE TALLAHASSEE, FL 32301			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> CD	<b>NAME</b> LAPTEWICZ, JOSEPH E JR.		<b>TITLE</b> President	<b>NAME</b> Paul Chapman	
<b>STREET ADDRESS</b> 599 CARDIGAN ROAD	<b>CITY-ST-ZIP</b> ST. PAUL, MN 551264099		<b>STREET ADDRESS</b> 9800 Metric Blvd.	<b>CITY-ST-ZIP</b> Austin, TX 78759	
<b>TITLE</b> VAS	<b>NAME</b> SPANGLER, PATRICK D		<b>TITLE</b> Treasurer	<b>NAME</b> William Burke	
<b>STREET ADDRESS</b> 599 CARDIGAN ROAD	<b>CITY-ST-ZIP</b> ST. PAUL, MN 551264099		<b>STREET ADDRESS</b> 9800 Metric Blvd., Austin, TX 78759	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> P	<b>NAME</b> VIERLING, H. PHILIP		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 599 CARDIGAN ROAD	<b>CITY-ST-ZIP</b> ST. PAUL, MN 551264099		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> S	<b>NAME</b> STRAND, JOAN E		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 599 CARDIGAN ROAD	<b>CITY-ST-ZIP</b> SAINT PAUL, MN 55126		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> V	<b>NAME</b> CLAPP, ROBERT W		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 599 CARDIGAN ROAD	<b>CITY-ST-ZIP</b> ST. PAUL, MN 551264099		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> V	<b>NAME</b> HUTTO, BARBARA C		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 599 CARDIGAN ROAD	<b>CITY-ST-ZIP</b> SAINT PAUL, MN 55126		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Joan E Strand</u> <u>1-19-05</u> <u>651 415-9000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					