

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000005095	
1. Entity Name ELECTROSONIC SYSTEMS, INC.	

Principal Place of Business 10320 BREN ROAD EAST MINNETONKA, MN 55343	Mailing Address 10320 BREN ROAD EAST MINNETONKA, MN 55343
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01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-0989729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEHMAN, ERIC
 4501 VINELAND RD
 SUITE 105
 ORLANDO, FL 32811

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000819550
 02/15/08-80087-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CARPENTER, KYLE 10320 BREN ROAD EAST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MITCHELL, DAVID 2800 LASALLE PLAZA 800 LASALLE AVENUE MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MEYER, SCOTT 10320 BREN ROAD EAST MINNETONKA, MN 55343
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Scott J Meyer CFO Date: 2/1/08 Daytime Phone #: 952-931-7558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR