

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90930 028 ***150.00

DOCUMENT # F99000006430

1. Entity Name

Disetronic Medical Systems Inc.

DO NOT WRITE IN THIS SPACE

870073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5151 Program Ave Suite, Apt. #, etc.		3. Mailing Address 5151 Program Ave Suite, Apt. #, etc.		4. FEI Number 41-1694999		Applied For Not Applicable	
City & State Moundsview MN		City & State Moundsview MN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 55112-1014	Country USA	Zip 55112-1014	Country USA				

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CT Corporation	
Street Address (B.O. Box Number is Not Acceptable) 1200 S. Pine Island Road	
City Plantation	Zip Code 33324

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 fee 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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DeHaes, Patrik 5151 Program Avenue Moundsview, MN 55112-1014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Shields, Jeffrey P. 5151 Program Avenue Moundsview, MN 55112-1014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hayward, Ed 5151 Program Avenue Moundsview, MN 55112-1014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Meyer 5151 Program Avenue Moundsview, MN 55112-1014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. FINANCE 30 APR 02 763-795-5202

Date

Daytime Phone #

CR2E034B (12/01)