

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000006430

FILED
Jan 14, 2003
Secretary of State

Entity Name: DISETRONIC MEDICAL SYSTEMS INC.

Current Principal Place of Business:

5151 PROGRAM AVENUE
MOUNDSVIEW, MN 551121014

New Principal Place of Business:

5151 PROGRAM AVENUE
MOUNDS VIEW, MN 551121014

Current Mailing Address:

5151 PROGRAM AVENUE
MOUNDSVIEW, MN 551121014

New Mailing Address:

5151 PROGRAM AVENUE
MOUNDS VIEW, MN 551121014

FEI Number: 41-1694999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: DEHAES, PATRICK
Address: 5151 PROGRAM AVENUE
City-St-Zip: MOUNDSVIEW, MN 551121014

Title: V () Delete
Name: MYERS, JAMES J
Address: 5151 PROGRAM AVENUE
City-St-Zip: MOUNDSVIEW, MN 551121014

Title: S () Delete
Name: HAYWARD, EDWARD J
Address: 45 SOUTH SEVENTH STREET, #3400
City-St-Zip: MINNEAPOLIS, MN 554021609

Title: D (X) Delete
Name: SHIELDS, JEFFREY P
Address: 5151 PROGRAM AVENUE
City-St-Zip: MOUNDSVIEW, MN 551121014

Title: D () Delete
Name: MICHAEL, WILHELM
Address: 6 BRUNNMATTSTRASSE
City-St-Zip: BURGDORF, SWITZERLAND,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: KOMULA, ROBERT W
Address: 5151 PROGRAM AVENUE
City-St-Zip: MOUNDSVIEW, MN 551121014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. KOMULA

V

01/14/2003

Electronic Signature of Signing Officer or Director

Date