

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22303

FILED  
Mar 16, 2010  
Secretary of State

Entity Name: 3M UNITEK CORPORATION

**Current Principal Place of Business:**

2724 S. PECK RD.  
MONROVIA, CA 910165005

**New Principal Place of Business:**

**Current Mailing Address:**

3M CENTER  
TAX, BLDG. 224-5N-40  
ST. PAUL, MN 551441000

**New Mailing Address:**

FEI Number: 06-0976495      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. 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: PD  
Name: KEEL, P A  
Address: 2724 S. PECK RD.  
City-St-Zip: MONROVIA, CA 91016

Title: S  
Name: MEYER-GRIMBERG, C.  
Address: 3M CENTER  
City-St-Zip: ST. PAUL, MN 55144

Title: AT  
Name: TORSETH, K. M  
Address: 3M CENTER  
City-St-Zip: ST PAUL, MN 55144

Title: T  
Name: YEOMANS, J L  
Address: 3M CENTER  
City-St-Zip: SAINT PAUL, MN 55144

Title: CBD  
Name: SAUER, B T  
Address: 3M CENTER  
City-St-Zip: SAINT PAUL, MN 55144

Title: D  
Name: SAUER, B T  
Address: 3M CENTER  
City-St-Zip: SAINT PAUL, MN 55144

I hereby 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 all other like empowered.

SIGNATURE: K. M. TORSETH

AT

03/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date