

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P33974

1. Entity Name
DELPHAX TECHNOLOGIES INC.



Principal Place of Business
6100 WEST 110TH STREET
BLOOMINGTON, MN 55438

Mailing Address
6100 WEST 110TH STREET
BLOOMINGTON, MN 55438

FILED
Aug 11, 2008 08:00 AM
Secretary of State



07312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 41-1392000 | 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CB OVERSTREET, KEN 6100 WEST 110TH STREET BLOOMINGTON, MN 55438 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHILLING, DIETER 6100 WEST 110TH STREET BLOOMINGTON, MN 55438 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KUHN, MANSON 6100 WEST 110TH STREET BLOOMINGTON, MN 55438 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO FURNESS, GREGORY 6100 WEST 110TH STREET BLOOMINGTON, MN 55438 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHILLING, DIETER P 6100 WEST 110TH STREET BLOOMINGTON, MN 55438 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC ROGERS, EARL 6100 WEST 110TH STREET BLOOMINGTON, MN 55438 |

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08/11/08-80003-017 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #