2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000078418

NOOYEN, THERESE E

8100 PENN AVE. SOUTH. #155

BLOOMINGTON, MN 55431

Name:

Address:

City-St-Zip:

Entity Name: AMPACIS II, INC.

FILED Apr 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8100 PENN AVENUE SOUTH 8100 PENN AVENUE SOUTH **SUITE #155 SUITE #199** BLOOMINGTON, MN 55431 US BLOOMINGTON, MN 55431 US **Current Mailing Address:** New Mailing Address: 8100 PENN AVE. SOUTH, #155 PO BOX 201460 P.O. BOX 201460 MINNEAPOLIS, MN 55420 US BLOOMINGTON, MN 55420 FEI Number: 41-1949292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORG, WALTER E 13110 - 115TH STREET NORTH LARGO, FL 337781805 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BARNARD, ADRIAN E BARNARD, ADRIAN E Name: Name: 8100 PENN AVE. SOUTH, #155 8100 PENN AVE. SOUTH, #199 Address: Address: City-St-Zip: BLOOMINGTON, MN 55431 City-St-Zip: BLOOMINGTON, MN 55431 () Delete Title: Title: () Change () Addition Name: GORG. WALTER E Name: 13110 NORTH 115TH STREET Address: Address: LARGO, FL 337781805 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

NOOYEN, THERESE E

8100 PENN AVE. SOUTH, #199

BLOOMINGTON, MN 55431

SIGNATURE: THERESE E. NOOYEN 04/18/2008 D