

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91083 009 \*\*\*550.00

**DOCUMENT # F00000000489**

1. Entity Name  
**XIOTECH CORPORATION**

|  |  |
|--|--|
| Principal Place of Business<br>6509 FLYING CLOUD DRIVE #200<br>EDEN PRAIRIE MN 55344 | Mailing Address<br>6509 FLYING CLOUD DRIVE #200<br>EDEN PRAIRIE MN 55344 |
|--|--|

107992



DO NOT WRITE IN THIS SPACE

|   |                                      |
|---|--------------------------------------|
| 2. Principal Place of Business<br>6455 Flying Cloud Drive | 3. Mailing Address<br>920 Disc Drive |
| Suite, Apt. #, etc.                                       | Suite, Apt. #, etc.                  |

|   |   |                             |                               |
|---|---|-----------------------------|-------------------------------|
| City & State<br>Eden Prairie, Minnesota | City & State<br>Scotts Valley, California | 4. FEI Number<br>41-1821093 | Applied For<br>Not Applicable |
|---|---|-----------------------------|-------------------------------|

|              |         |              |         |   |                                       |
|--------------|---------|--------------|---------|---|---------------------------------------|
| Zip<br>55344 | Country | Zip<br>95066 | Country | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--------------|---------|--------------|---------|---|---------------------------------------|

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|---|--|---|--|

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |   |                                    |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCEO</b><br><b>SORAN, PHILIP</b><br>9501 AMESBURY LANE<br>EDEN PRAIRIE MN 55347 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Assistant Secretary</b><br><b>Stephen P. Sedler</b><br>1208 Spaich Drive<br>San Jose, California 95117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>COO</b><br><b>GUIDER, JOHN</b><br>5219 O'CONNAL DRIVE<br>MOUNDS VIEW MN 55112 <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CTO</b><br><b>ASZMANN, LAWRENCE</b><br>3035 MARCIA<br>SHAKOPEE MN 55379 <input checked="" type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP of Manufacturing</b><br><b>Todd A. Engle</b><br>1477 Meadow Court<br>Chaska, MN 55318 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CFO</b><br><b>HOGUE, SUE</b><br>11397 WELTER WAY<br>EDEN PRAIRIE MN 55347 <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SMITHERMAN, GREG</b><br>2180 SAND HILL ROAD SUITE 420<br>MENLO PARK CA 94025 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LEWIS, MAC</b><br>5759 LONG BRAKE CIRCLE<br>EDINA MN 55439 <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

13. I hereby certify that the information supplied with this filing does not qualify 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Stephen P. Sedler **Stephen P. Sedler** Assistant Secretary (831) 439-2583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)