

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90288 028 ***150.00

DOCUMENT # F00000000489

1. Entity Name
XIOTECH CORPORATION

Principal Place of Business

**6455 FLYING CLOUD DRIVE
 EDEN PRAIRIE MN 55344**

Mailing Address

**920 DISC DRIVE
 SCOTTS VALLEY CA 95066**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1821093

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** Delete
 NAME **SORAN, PHILIP**
 STREET ADDRESS **9501 AMESBURY LANE**
 CITY-ST-ZIP **EDEN PRAIRIE MN 55347**

TITLE **President** Change Addition
 NAME **Kathleen M. Snouffer**
 STREET ADDRESS **15142 Fish Point Road**
 CITY-ST-ZIP **Prior Lake, MN 55372**

TITLE **COO** Delete
 NAME **GUIDER, JOHN**
 STREET ADDRESS **5219 O'CONNAL DRIVE**
 CITY-ST-ZIP **MOUNDS VIEW MN 55112**

TITLE **Treasurer** Change Addition
 NAME **Walter Chang**
 STREET ADDRESS **33 Mayer Court**
 CITY-ST-ZIP **Los Altos, CA 94022**

TITLE **AS** Delete
 NAME **SEDLER, STEPHEN P**
 STREET ADDRESS **1208 SPAICH DRIVE**
 CITY-ST-ZIP **SAN JOSE CA 95117**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **CFO** Delete
 NAME **HOGUE, SUE**
 STREET ADDRESS **11397 WELTER WAY**
 CITY-ST-ZIP **EDEN PRAIRIE MN 55347**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **VPM** Delete
 NAME **ENGLE, TODD A**
 STREET ADDRESS **1477 MEADOW COURT**
 CITY-ST-ZIP **CHASKA MN 55318**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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: _____

William L. Hudson
WILLIAM L. HUDSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant
William L. Hudson - Secretary

(831) 439-2562

Date

Daytime Phone #

CR2E034 (9/01)