


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90018 006 \*\*\*150.00

**DOCUMENT # F0000000489**

1. Entity Name  
**XIOTECH CORPORATION**



Principal Place of Business  
**6455 FLYING CLOUD DRIVE  
 EDEN PRAIRIE, MN 55344**

Mailing Address  
**6455 FLYING CLOUD DRIVE  
 EDEN PRAIRIE, MN 55344**

64000040

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.



01212004 Chg-P CR2E034 (10/03)

City & State  
 Zip Country

4. FEI Number  
**41-1821093**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNOUFFER, KATHLEEN M 15142 FISH POINT ROAD PRIOR LAKE, MN 55372 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOS DIPUMA, THOMAS 3426 AUTUMN WOOD DR. CHASKA, MN 55318 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVFA DANA, KEVIN P 3851 TIMBERVIEW TRAIL CHASKA, MN 55318 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM ENGLER, TODD A 1477 MEADOW COURT CHASKA, MN 55318 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOQ PEZON, RANDY 7134 EMERALD LN. EDEN PRAIRIE, MN 55344 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alain Andreoli 6455 Flying Cloud Drive Eden Prairie, MN 55344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP Dave Anne 6455 Flying Cloud Drive Eden Prairie, MN 55344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP Steve Snyder 6455 Flying Cloud Drive Eden Prairie, MN 55344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP George Klausner 6455 Flying Cloud Drive Eden Prairie, MN 55344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ Date **1/22/04** Daytime Phone # **952-983-2414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR