


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90081 026 \*\*\*150.00

**DOCUMENT # F0000000489**

1. Entity Name  
**XIOTECH CORPORATION**




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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02172005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**41-1821093**      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 \_\_\_\_\_  
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**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ANDEROL, ALAIN	
STREET ADDRESS	6455 FLYING CLOUD	
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344	
TITLE	EXEV	<input checked="" type="checkbox"/> Delete
NAME	ANNE, DAVE	
STREET ADDRESS	6455 FLYING CLOUD DR.	
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344	
TITLE	EVFA	<input type="checkbox"/> Delete
NAME	SNYDER, STEVE	
STREET ADDRESS	6455 FLYING CLOUD DR.	
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344	
TITLE	VPM	<input checked="" type="checkbox"/> Delete
NAME	ENGL, TODD A	
STREET ADDRESS	1477 MEADOW COURT	
CITY-ST-ZIP	CHASKA, MN 55318	
TITLE	VPOQ	<input checked="" type="checkbox"/> Delete
NAME	PEZON, RANDY	
STREET ADDRESS	7134 EMERALD LN.	
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344	
TITLE	EXEV	<input type="checkbox"/> Delete
NAME	KLAUSER, GEORGE	
STREET ADDRESS	6455 FLYING CLOUD DR.	
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosary Powell	
STREET ADDRESS	6455 Flying Cloud Dr.	
CITY-ST-ZIP	Eden Prairie, MN 55344	
TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dave Anne	
STREET ADDRESS	6455 Flying Cloud Dr.	
CITY-ST-ZIP	Eden Prairie, MN 55344	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Glassmeyer	
STREET ADDRESS	6455 Flying Cloud Dr.	
CITY-ST-ZIP	Eden Prairie, MN 55344	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Waite	
STREET ADDRESS	6455 Flying Cloud Dr.	
CITY-ST-ZIP	Eden Prairie, MN 55344	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald Gallagher	
STREET ADDRESS	6455 Flying Cloud Dr.	
CITY-ST-ZIP	Eden Prairie, MN 55344	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Hendrickson	
STREET ADDRESS	6455 Flying Cloud Dr.	
CITY-ST-ZIP	Eden Prairie, MN 55344	

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. *Steve Snyder*

**SIGNATURE:** \_\_\_\_\_      *2/16/05*      **952-983-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #