

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211518048

1.) CORPORATION NAME:

**FSI International, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

DUE DATE: **8/31/2011**

SCC ID NO: **F0586042**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3455 LYMAN BOULEVARD

CITY/ST/ZIP: CHASKA, MN 55318-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DONALD S MITCHELL			
TITLE:	COB/PRES/CEO			
ADDRESS:	3455 LYMAN BOULEVARD			
CITY/ST/ZIP/CO:	CHASKA, MN 55318-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JOHN C ELY			
TITLE:	VICE PRESIDENT			
ADDRESS:	3455 LYMAN BOULEVARD			
CITY/ST/ZIP/CO:	CHASKA, MN 55318-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	BENNO SAND			
TITLE:	EVP/S			
ADDRESS:	3455 LYMAN BLVD			
CITY/ST/ZIP/CO:	CHASKA, MN 55318-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	PATRICIA M HOLLISTER			
TITLE:	CFO/AS			
ADDRESS:	3455 LYMAN BLVD			
CITY/ST/ZIP/CO:	CHASKA, MN 55318-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JAMES A BERNARDS			
TITLE:	DIRECTOR			
ADDRESS:	3455 LYMAN BLVD			
CITY/ST/ZIP/CO:	CHASKA, MN 55318-			

NAME: TERRENCE W. GLARNER TITLE: DIRECTOR ADDRESS: 3455 LYMAN BOULEVARD CITY/ST/ZIP/CO: CHASKA, MN 55318-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID V SMITH TITLE: DIRECTOR ADDRESS: 3455 LYMAN BOULEVARD CITY/ST/ZIP/CO: CHAKSA, MN 55318-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: STAN YARBRO TITLE: DIRECTOR ADDRESS: 3455 LYMAN BOULEVARD CITY/ST/ZIP/CO: CHASKA, MN 55318-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PATRICIA M HOLLISTER	PATRICIA M HOLLISTER, CFO/AS	8/12/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.