

1.) CORPORATION NAME:

TEL FSI, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0586042**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

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.

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

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

NAME:	HIKANU ITO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3455 LYMAN BOULEVARD		
CITY/ST/ZIP/CO:	CHASKA, MN 55318		

NAME:	BARRY MAYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3455 LYMAN BOULEVARD		
CITY/ST/ZIP/CO:	CHASKA, MN 55318		

NAME:	YOSHITERU HARADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3455 LYMAN BOULEVARD		
CITY/ST/ZIP/CO:	CHASKA, MN 55318		

NAME:	ZOLTAN PAPP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3455 LYMAN BOULEVARD		
CITY/ST/ZIP/CO:	CHASKA, MN 55318		

NAME: TOSHIHIKO NISHIGAKI TITLE: SEINIOR VP ADDRESS: 3455 LYMAN BOULEVARD CITY/ST/ZIP/CO: CHASKA, MN 55318	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TOSHIKI KAWAI TITLE: SENIOR VP ADDRESS: 3455 LYMAN BOULEVARD CITY/ST/ZIP/CO: CHASKA , MN 55318	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SCOTT SECHOVEC TITLE: TREASURER ADDRESS: 3455 LYMAN BOULEVARD CITY/ST/ZIP/CO: CHASKA, MN 55318	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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/ ZOLTAN PAPP	ZOLTAN PAPP, SECRETARY	8/22/2013
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.		