

1.) CORPORATION NAME:

DUE DATE: **1/31/2014**

Medivators Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1495755**

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14605 28TH AVENUE NORTH

CITY/ST/ZIP: MINNEAPOLIS, MN 55447

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:	JORGEN B HANSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	150 CLOVE ROAD		
CITY/ST/ZIP/CO:	9TH FLOOR LITTLE FALLS, NJ 07424		
NAME:	DENISE A BAUER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	14605 28TH AVENUE NORTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55447		
NAME:	DON BYRNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3150 POLLOK DRIVE		
CITY/ST/ZIP/CO:	CONROE, TX 77303		
NAME:	KEVIN FINKLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/S/T		
ADDRESS:	14605 28TH AVENUE NORTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55447		
NAME:	PAUL HELMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX VP		
ADDRESS:	14605 28TH AVENUE NORTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55447		
NAME:	JAVIER HENAO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	14605 28TH AVENUE NORTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55447		

NAME: CRAIG SMITH TITLE: VICE PRESIDENT ADDRESS: 14605 - 28TH AVE NO. CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55447	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ANDREW KRAKAUER TITLE: DIRECTOR ADDRESS: 150 CLOVE ROAD, 9TH FL. CITY/ST/ZIP/CO: LITTLE FALLS, NJ 07424	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CRAIG SHELDON TITLE: DIRECTOR ADDRESS: 150 CLOVE ROAD CITY/ST/ZIP/CO: 9TH FLOOR LITTLE FALLS, NJ 07424-2139	<input type="checkbox"/>	OFFICER	<input checked="" 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/ KEVIN FINKLE	KEVIN FINKLE, SR VP/S/T	1/2/2014		
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.				