

1.) CORPORATION NAME:

**Braun Intertec Corporation**

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**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

DUE DATE: **12/31/2011**

SCC ID NO: **F1809963**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11001 HAMPSHIRE AVE S

CITY/ST/ZIP: MINNEAPOLIS, MN 55438-

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:	DANIEL R HOLTE	
TITLE:	VICE PRESIDENT	
ADDRESS:	11001 HAMPSHIRE AVE S	
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55438-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE KLUEMPKE	
TITLE:	VICE PRESIDENT	
ADDRESS:	11001 HAMPSHIRE AVENUE SOUTH	
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55438-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN P NAGLE	
TITLE:	VICE PRESIDENT	
ADDRESS:	526-10TH STREET NE #300	
CITY/ST/ZIP/CO:	WEST FARGO, ND 58504-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL L BRATRUD	
TITLE:	VICE PRESIDENT	
ADDRESS:	11001 HAMPSHIRE AVE S	
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55438-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHARLES R BRENNER	
TITLE:	VICE PRESIDENT	
ADDRESS:	11001 HAMPSHIRE AVE S	
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55438-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL M HEUER VICE PRESIDENT 11001 HAMPSHIRE AVE S MINNEAPOLIS, MN 55438-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAY A HUBER VICE PRESIDENT 11001 HAMPSHIRE AVE S MINNEAPOLIS, MN 55438-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGG R JANDRO VICE PRESIDENT 11001 HAMPSHIRE AVE S MINNEAPOLIS, MN 55438-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JODI D NORMAN SECRETARY 1826 BUERKLE RD ST. PAUL, MN 55110-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON A CARLSON CEO 11001 HAMPSHIRE AVENUE SOUTH MINNEAPOLIS, MN 55438-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARMEN M BORGESON ACTING CFO 11001 HAMPSHIRE AVE S MINNEAPOLIS, MN 55438-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD FLODEN DIRECTOR 3124 TIMBERLINE CIR S FARGO, ND 58104-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK A PAYNE DIRECTOR 8860 FLESHER CIRCLE EDEN PRAIRIE, MN 55347-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN M SCHRADER DIRECTOR HEALTH EAST 559 CAPITOL BLVD ST. PAUL, MN 55103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL THYKEN DIRECTOR 8859 FLESHER CIR EDEN PRAIRIE, MN 55347-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	ROBERT J JANSSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1826 BUERKLE ROAD		
CITY/ST/ZIP/CO:	ST PAUL, MN 55110-		
NAME:	DAVID BOMERSINE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3900 ROOSEVELT RD #113		
CITY/ST/ZIP/CO:	ST. CLOUD, MN 56301-		
NAME:	MARVIN DENNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11001 HAMPSHIRE AVE S		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55438-		
NAME:	JULI DURDA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11001 HAMPSHIRE AVE S		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55438-		
NAME:	JEFFREY GEBHARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11001 HAMPSHIRE AVE S		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55438-		
NAME:	GERALD FLODEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4140 4TH AVE S		
CITY/ST/ZIP/CO:	FARGO, ND 58103-		
NAME:	MARK PAYNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8860 FLESHER CIRCLE		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55347-		
NAME:	ANN SCHRADER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4505 LAGUNE DR		
CITY/ST/ZIP/CO:	EDINA, MN 55435-		
NAME:	MICHAEL THYKEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8859 THRESHER CIRCLE		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55347-		

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/ JODI D NORMAN	JODI D NORMAN, SECRETARY	11/9/2011
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.