

1.) CORPORATION NAME:

Nonin Medical, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CTR 16TH FL
1111 E MAIN ST**

SCC ID NO: **F1882820**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	900,000
COMBNV	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13700 1ST AVE. N.

CITY/ST/ZIP: PLYMOUTH, MN 55441

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:	STEVE BUCHOLZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	13700 1ST AVE. N.		
CITY/ST/ZIP/CO:	PLYMOUTH, MN 55441		

NAME:	PHIL ISSACSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	13700 1ST AVE. N.		
CITY/ST/ZIP/CO:	PLYMOUTH, MN 55441		

NAME:	DAVID NOEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	13700 1ST AVE. N.		
CITY/ST/ZIP/CO:	PLYMOUTH, MN 55441		

NAME:	Milla Isaacson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13700 1st Ave N		
CITY/ST/ZIP/CO:	Plymouth, MN 55441		

NAME:	Sophia Holland	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13700 1st Ave N		
CITY/ST/ZIP/CO:	Plymouth, MN 55441		

NAME:	Michael Isaacson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13700 1st Ave n		
CITY/ST/ZIP/CO:	Plymouth, MN 55441		

NAME: Chris Holland TITLE: VICE PRESIDENT ADDRESS: 13700 1st Ave N CITY/ST/ZIP/CO: Plymouth, MN 55441	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Kevin McGowan TITLE: VICE PRESIDENT ADDRESS: 13700 1st Ave N CITY/ST/ZIP/CO: Plymouth, MN 55441	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Matthew Prior TITLE: VICE PRESIDENT ADDRESS: 13700 1st Ave N CITY/ST/ZIP/CO: Plymouth, MN 55441	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Mark VanderWerf TITLE: VICE PRESIDENT ADDRESS: 13700 1st Ave n CITY/ST/ZIP/CO: Plymouth, MN 55441	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Jim Zimmerman TITLE: VICE PRESIDENT ADDRESS: 13700 1st Ave N CITY/ST/ZIP/CO: Plymouth, MN 55441	<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/ DAVID NOEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID NOEL, CFO PRINTED NAME AND CORPORATE TITLE	1/30/2013 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.		