

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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May 24, 2004 8:00 am
Secretary of State

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03122003 Chg-P CR2E034 (10/03)

DOCUMENT # 829814 1. Entity Name APV NORTH AMERICA, INC.					
Principal Place of Business 5100 N RIVER ROAD 3RD FLOOR SCHILLER PARK, IL 60176			Mailing Address 33 COMMERCIAL ST., B51-2B FOXBORO, MA 02035		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 36-2759592 Applied For ☐ Not Applicable	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, GREGORY M 33 COMMERCIAL STREET FOXBORO, MA 02035	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Donald Halsted 33 Commercial Street Foxboro, MA 02035
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VSD EHLE, JAY 33 COMMERCIAL ST FOXBORO, MA 02035		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VAS KANG, JOSEPH 5100 N. RIVER RD. SCHILLER PARK, IL 60176		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Vice President Bruce A. Philips 10707 Haddington Dr. Houston, TX 77037		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Assistant Secretary William Green 395 Filmore Avenue Tonawanda, NY 14150		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Tay S. Ehle</u> 5/18/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					