

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005984

FILED
Jun 01, 2006
Secretary of State

Entity Name: NEDCON USA, INC.

Current Principal Place of Business:

136 HARRISON AVENUE
HARRISON, OH 45030

New Principal Place of Business:

10051 A SIMONSON ROAD SUITE 6
HARRISON, OH 45030

Current Mailing Address:

P.O. BOX 708
HARRISON, OH 45030

New Mailing Address:

FEI Number: 36-4132655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMIT, PIETER
Address: POSTBUS 35, NL-7000 AA
City-St-Zip: DOETINCHEM, THE NETHERLANDS,

Title: ST () Delete
Name: LANSINK, D.J.H.
Address: POSTBUS 35, NL-7000 AA
City-St-Zip: DOETINCHEM, THE NETHERLANDS,

Title: D () Delete
Name: DE JONG, LEEN-PIETER
Address: POSTBUS 35, NL-7000 AA
City-St-Zip: DOETINCHEM, THE NETHERLANDS,

Title: V () Delete
Name: VAN WENT, B.
Address: 136 HARRISON AVENUE
City-St-Zip: HARRISON, OH 45030

Title: AS () Delete
Name: SCHMITZ, DIETER A
Address: 130 E. RANDOLPH DRIVE, SUITE 3500
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: VAN WENT, B.
Address: 10051 A SIMONSON RD. SUITE 6
City-St-Zip: HARRISON, OH 45030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH L ACRA

MGR

06/01/2006

Electronic Signature of Signing Officer or Director

_____ Date