

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005984

FILED
Apr 15, 2009
Secretary of State

Entity Name: NEDCON USA, INC.

Current Principal Place of Business:

10051 A SIMONSON ROAD SUITE 6
HARRISON, OH 45030

New Principal Place of Business:

Current Mailing Address:

10051A SIMONSON ROAD SUITE 6
HARRISON, OH 45030

New Mailing Address:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SMIT, PIETER
Address: 10051A SIMONSON ROAD SUITE 6
City-St-Zip: HARRISON, OH 45030 US

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

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

Title: VP (X) Delete
Name: VAN WENT, B.
Address: POSTBUS 35 NL-7000AA
City-St-Zip: DOETINCHEM, THE NETHERLANDS, NL NL-7000AA NL

Title: AS (X) 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: VP (X) Change () Addition
Name: VANWENT, BART
Address: POSTBUS 35 NL-7000AA
City-St-Zip: DOETINCHEM, THE NETHERLANDS, NL NL-7000AA NL

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PIETER SMIT

_____ Electronic Signature of Signing Officer or Director

PRES

04/15/2009

_____ Date