

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000007508

**Entity Name:** MOS HOLDINGS INC.**Current Principal Place of Business:**3033 CAMPUS DRIVE  
SUITE E490  
PLYMOUTH, MN 55441-2651**Current Mailing Address:**3033 CAMPUS DRIVE  
SUITE E490  
PLYMOUTH, MN 55441-2651 US**FEI Number:** 20-0891589**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	CEOP, DIRECTOR
Name	PROKOPANKO, JAMES T
Address	3033 CAMPUS DRIVE, SUITE E490
City-State-Zip:	PLYMOUTH MN 55441-2651

Title	VP
Name	MADDEN, TODD W
Address	3033 CAMPUS DRIVE, SUITE E490
City-State-Zip:	PLYMOUTH MN 55441-2651

Title	VPT
Name	BARROS, CRISTIANO ("CRIS") C
Address	3033 CAMPUS DRIVE, SUITE E490
City-State-Zip:	PLYMOUTH MN 55441-2651

Title	EVPS, DIRECTOR
Name	MACK, RICHARD L
Address	3033 CAMPUS DRIVE, SUITE E490
City-State-Zip:	PLYMOUTH MN 55441-2651

Title	VP
Name	PENCE, ROBERT J
Address	3033 CAMPUS DRIVE, SUITE E490
City-State-Zip:	PLYMOUTH MN 55441-2651

Title	EVP, CFO, DIRECTOR
Name	STRANGHOENER, LAWRENCE W
Address	3033 CAMPUS DRIVE, SUITE E490
City-State-Zip:	PLYMOUTH MN 55441-2651

*I hereby 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 all other like empowered.*

**SIGNATURE:** TODD W MADDEN

VP

03/07/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date