

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002194

Entity Name: BRUEL & KJAER NORTH AMERICA INC.**Current Principal Place of Business:**2815-A COLANNADES COURT
NORCROSS, GA 30071**Current Mailing Address:**2815-A COLANNADES COURT
NORCROSS, GA 30071 US**FEI Number: 58-1943819****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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	PRESIDENT/DIRECTOR
Name	HUMPHREY, ALAN
Address	2815-A COLANNADES COURT
City-State-Zip:	NORCROSS GA 30071

Title	SECRETARY/TREASURER
Name	EVON, GENA
Address	2815-A COLANNADES COURT
City-State-Zip:	NORCROSS GA 30071

Title	DIRECTOR
Name	GROELSTED-KRISTENSEN, BJARNE
Address	2815-A COLANNADES COURT
City-State-Zip:	NORCROSS GA 30071

Title	DIRECTOR
Name	HOLST, SOREN
Address	2815-A COLANNADES COURT
City-State-Zip:	NORCROSS GA 30071

Title	DIRECTOR
Name	O'LIONAIRD, EOGHAN POL
Address	2815-A COLANNADES COURT
City-State-Zip:	NORCROSS GA 30071

Title	DIRECTOR
Name	RASMUSSEN, ARNE
Address	2815-A COLANNADES COURT
City-State-Zip:	NORCROSS GA 30071

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: GENA EVON**SECRETARY/TREASURER 04/18/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date