

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002195

**Entity Name:** HUSQVARNA PROFESSIONAL PRODUCTS, INC.

**FILED**  
**Apr 20, 2018**  
**Secretary of State**  
**CC5829786240**

**Current Principal Place of Business:**

9335 HARRIS CORNERS PARKWAY  
SUITE 500  
CHARLOTTE, NC 28269

**Current Mailing Address:**

9335 HARRIS CORNERS PARKWAY  
SUITE 500  
CHARLOTTE, NC 28269 US

**FEI Number: 26-1595993**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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 CFO, VP, TREASURER  
Name TESCH, ROBERT  
Address 9335 HARRIS CORNERS PARKWAY  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28269

Title PRESIDENT AND DIRECTOR  
Name HOHLER, JEFFERY D.  
Address 9335 HARRIS CORNERS PARKWAY  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28269

Title DIRECTOR  
Name WARN, KAI  
Address 9335 HARRIS CORNERS PARKWAY  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28269

Title VP, GC AND SECRETARY  
Name JACOBSON, JILL  
Address 9335 HARRIS CORNERS PARKWAY  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28269

Title ASST. SECRETARY  
Name STANFIELD, JOHN  
Address 9335 HARRIS CORNERS PARKWAY  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28269

Title ASST. SECRETARY  
Name BLASE, GARY  
Address 9335 HARRIS CORNERS PARKWAY  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28269

Title DIRECTOR  
Name LILJEDAHL, ULF  
Address 9335 HARRIS CORNERS PARKWAY  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28269

*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: JILL JACOBSON**

**VP, GC AND SECRETARY 04/20/2018**

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

\_\_\_\_\_  
Date