

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000003346

**Entity Name:** HAARSLEY, INC.**Current Principal Place of Business:**9700 NW CONANT AVE  
KANSAS CITY, MO 64153**Current Mailing Address:**9700 NW CONANT AVE  
KANSAS CITY, MO 64153 US**FEI Number: 13-2973847****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	SVENDSEN, TROELS
Address	9700 NW CONANT AVE
City-State-Zip:	KANSAS CITY MO 64153

Title	SECRETARY, TREASURER
Name	MOGREN, ROB
Address	9700 NW CONANT AVE
City-State-Zip:	KANSAS CITY MO 64153

Title	DIRECTOR
Name	DEFAUWES, HAN
Address	BOGENSEVEJ 85
City-State-Zip:	BOGENSE DK-5400

Title	DIRECTOR
Name	ROSE-NIELSEN, MORTEN
Address	9700 NW CONANT AVE
City-State-Zip:	KANSAS CITY MO 64153

*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: ROB MOGREN****SECRETARY****04/21/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date