2005 FOR PROFIT CORPORATION __ANNUAL REPORT___

FILED Mar 22, 2005 08:00 AM Secretary of State

3/10/65 763.745.3662 Daytime Phone #

SIGNATURE 41-0116040 Not Applied 41-0116040 Not Applie \$8.75 Additional Fee Required TO NOT WRITE IN THIS SPACE IN THIS SPACE 8. 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. I am familiar with, and act the obiligations of registered agent. SIGNATURE Signature, typed or profiled name of registered agent and title III applicable. (NOTE Registered Agent signature required when reinstating) DATE		Secretai		•	ne ·	
1. Entity Name NILFISK-ADVANCE, INC. Principal Place of Business 14600-21ST AVE,N. PLYMOUTH, MN 55447 DO NOT WRITE IN THIS SPACE O3102005 No Chg-P CR2E034 (10/03) 4. FSI Number 41-0116040 Not Applied F 41-0116040 S. Certificate of Status Desired S. S. Additional Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 DO NOT WRITE IN THIS SPACE 8. 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. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, yield or protein fame of registered agent and title Il applicable. (NOTE Registered Agent signature required when refression) DATE				·	ne ·	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees	-UI2 15U.W	.00 May Be U3/22/U5-8UU15-U			LE NOW!!! FEE IS \$150.00	FIL
10. OFFICERS AND DIRECTORS TITLE VPSM				TOHS	· · · · · · · · · · · · · · · · · · ·	
TITLE VPSM NAME CAROTENUTO, JOSEPH P SR.						1
STREET ADDRESS 14600 21ST AVE. NORTH			•			
City-st-zip PLYMOUTH, MN 554473408		-	—			CITY-ST-ZIP
TITLE CD			-			1
NAME MOLIN, JOHAN STREET ADDRESS SOGNEVEJ 25						1
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🗘