2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 857242

1. Entity Name
NILFISK-ADVANCE, INC.

Principal Place of Business	Mailing Address
14600-21ST AVE.,N. PLYMOUTH, MN 55447	14600-21ST AVE.,N. PLYMOUTH, MN 55447-3408

03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-0116040
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000272745
03/22/05-80016-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPSM
NAME	CAROTENUTO, JOSEPH P SR.
STREET ADDRESS	14600 21ST AVE. NORTH
CITY-ST-ZIP	PLYMOUTH, MN 554473408
TITLE	CD
NAME	MOLIN, JOHAN
STREET ADDRESS	SOGNEVEJ 25
CITY-ST-ZIP	BRONDBY, DE DK-265
TITLE	VPO
NAME	DOERR, LAWRENCE M
STREET ADDRESS	14600 21ST AVE N
CITY-ST-ZIP	PLYMOUTH, MN 554473408
TITLE	PD
NAME	KNUDSEN, CHRISTIAN
STREET ADDRESS	14600 21ST AVE. N.
CITY-ST-ZIP	PLYMOUTH, MN 554473408
TITLE	STSV
NAME	LUNGER, SCOTT
STREET ADDRESS	14600 21ST AVE N
CITY-ST-ZIP	PLYMOUTH, MN 554473408
TITLE	D
NAME	MICHELSEN, CLAUS
STREET ADDRESS	SOGNEVE 25
CITY-ST-ZIP	BRONDBY, DE DK-265

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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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Lunger 3/10/05 763.745.3662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #