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2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F0000005044

1. Entity Name
ONYX NORTH AMERICA CORP.



FILED
06 APR 28 AM 10:45

Principal Place of Business
700 E. Butterfield Rd.
Suite 201
Lombard IL 60148

Mailing Address
700 E. Butterfield Rd.
Suite 201
Lombard IL 60148

2. Principal Place of Business
700 E. Butterfield Rd.
Suite, Apt. #, etc.
Suite 201

3. Mailing Address
6990 NW 97th Avenue
Suite, Apt. #, etc.
Building #5

City & State
Lombard, IL

City & State
Miami, FL

Zip
60148

Country
USA

Zip
33178

Country
USA



03172006 REIN-P CR2E098 (11/05)

4. FEI Number
36-4394814

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City

B S/S/A
REINSTATEMENT 05-06
FL

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: *See Attach for RA Signature* **500074536945**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **05/15/06--01003--012** ****300.00** DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FARR, GEORGE 1605 MAIN STREET SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GOURVENNEC, MICHEL 1605 MAIN STREET SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASQUET, DENIS 1605 MAIN STREET SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP IENKS, PAUL R 125 S 84 ST, SUITE 200 MILWAUKEE, WI 53214 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRUCKERT, RAY 1605 MAIN STREET SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DUPONT-MADINIER, EDOUARD 700 E BUTTERFIELD RD #201 LOMBARD, IL 60148 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/CEO Gourvennec, Michel 700 E. Butterfield Rd., Suite 201 Lombard IL 60148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard, Stephane 700 E. Butterfield Rd., Suite 201 Lombard IL 60148 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Proglio, Henri 700 E. Butterfield Rd., Suite 201 Lombard IL 60148 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gasquet, Denis 700 E. Butterfield Rd., Suite 201 Lombard IL 60148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/CFO/S Farr, George 700 E. Butterfield Rd., Suite 201 Lombard IL 60148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Jenks, Paul R. 125 S. 84 Street, #200 Milwaukee WI 53214 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Christina Coyle* **07-25-06** **(305) 499-9495**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F00000005044

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ONYX NORTH AMERICA CORP.



Principal Place of Business
 700 E. Butterfield Rd.
 Suite 201
 Lombard IL 60148

Mailing Address
 700 E. Butterfield Rd.
 Suite 201
 Lombard IL 60148

Signature of RA only



2. Principal Place of Business
 700 E. Butterfield Rd.

3. Mailing Address
 6990 NW 97 Ave.
 Building 5

01252005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
 Suite 201

City & State
 Lombard IL 60148

Country
 USA

Zip
 60148

Suite, Apt. #, etc.
 Building 5

City & State
 Miami FL

Country
 USA

Zip
 33178

4. FEI Number
 36-4394814

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State _____ Zip _____

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: *Barbara A Burke* **BARBARA A. BURKE** *4-586*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.) **SECRETARY** DATE

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**

10. OFFICERS AND DIRECTORS

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRUCKERT, RAY 1605 MAIN STREET SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DUPONT-MADINIER, EDOUARD 700 E BUTTERFIELD RD #201 LOMBARD, IL 60148	<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCEO Gourvennec, Michel 700 E Butterfield Rd #201 Lombard IL 60148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gasquet, Denis 700 E Butterfield Rd #201 Lombard IL 60148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Bruckert, Ray 700 E Butterfield Rd #201 Lombard IL 60148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Jenks, Paul R 125 S 84 St., Suite 200 Milwaukee WI 53214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Cristina Conde* **CRISTINA CONDE** *6/2/05* **(305) 499-9495**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ONYX NORTH AMERICA CORP.

EIN: 36-4394814

Forming Part of the 2006 For Profit Corporation Reinstatement

<u>Line 11, Continued</u>	<u>Change</u>	<u>Addition</u>
VP Demeter, Martin P. 125 S. 84 Street, #200 Milwaukee WI 53214		X
VP Loth, Karen 125 S. 84 Street, #200 Milwaukee WI 53214		X
VP Meredith, Jeffrey S. 700 E. Buterfield Rd., Suite 201 Lombard IL 60148		X
VP Mattern, Peter L. 700 E. Butterfield Rd., Suite 201 Lombard IL 60148		X
VP/AS Skopp, Fredric M. 6990 NW 97 th Ave., Bldg. #5 Miami FL 33178		X
VP Lohsen, Mark A. 125 S. 84 Street, #200 Milwaukee WI 53214		X
VP Mabry, Curtis 700 E. Butterfield Road, Suite 201 Lombard IL 60148		X
VP/T Bruckert, Raphael B. 700 E. Butterfield Road, Suite 201 Lombard IL 60148	X	
AT Karius, Henry P. 125 S. 84 Street, #200 Milwaukee WI 53214		X
AS Conde, Cristina 6990 NW 97 th Avenue, Bldg. #5 Miami FL 33178		X



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April 25, 2006

UPS Airway Bill # 1Z 520 E79 01 9092 8995

Division of Corporations
Attn: Secretary of State
2661 Executive Center Circle
Clifton Building
Tallahassee FL 32301-5020

Re: Onyx North America Corp.
2005 & 2006 For Profit Corporation Annual Reports

Dear Sir or Madam:

On behalf of the above referenced corporation, we are attaching check no. 999005496 in the amount of \$300.00, which covers the annual fee for years 2005 and 2006.

Please note that we never received the original 2005 For Profit Corporation Annual Report. Thus, we respectfully request that the penalty for late filing be waived.

Should you have any questions, please contact me at the address below or at (305) 499-9495, ext. 201.

Sincerely,

A handwritten signature in cursive script that reads 'Cristina Conde' with a small 'sea' written below it.

Cristina Conde
Assistant Tax Director

/sea

Attachments

06ccl053

Onyx North America Corp.
6990 NW 97th Avenue, Building 5
Miami FL 33178
Tel: 305.718.3933; Fax: 305.718.1085

