

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004210

FILED
Mar 19, 2004
Secretary of State

Entity Name: DRESSTA NORTH AMERICA, LTD. INC.

Current Principal Place of Business:

1327 BARCLAY BLVD.
BUFFALO GROVE, IL 60089

New Principal Place of Business:

Current Mailing Address:

1327 BARCLAY BLVD.
BUFFALO GROVE, IL 60089

New Mailing Address:

FEI Number: 36-4443658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: JOVANOVIĆ, NESTOR P
Address: 440 N. FAIRWAY DRIVE
City-St-Zip: VERNON HILLS, IL 60061

Title: VP () Delete
Name: CAMPBELL, WILLIAM
Address: 440 N. FAIRWAY DRIVE
City-St-Zip: VERNON HILLS, IL 60061

Title: S () Delete
Name: SINGER, MICHAEL P
Address: 440 N. FAIRWAY DRIVE
City-St-Zip: VERNON HILLS, IL 60061

Title: VD () Delete
Name: HOLYSZ, L
Address: 37-450 STALOWA WOLA
City-St-Zip: STALOWA WOLA, POLAND,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NESTOR P JOVANOVIĆ

CD

03/19/2004

Electronic Signature of Signing Officer or Director

Date