

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004215

Entity Name: JENSEN USA, INC.

FILED  
Apr 08, 2009  
Secretary of State

## Current Principal Place of Business:

99 ABERDEEN LOOP  
PANAMA CITY, FL 32405

## New Principal Place of Business:

## Current Mailing Address:

99 ABERDEEN LOOP  
PANAMA CITY, FL 32405 US

## New Mailing Address:

FEI Number: 56-1226715

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: PTD ( ) Delete  
Name: NIELD, SIMON  
Address: 99 ABERDEEN LOOP  
City-St-Zip: PANAMA CITY, FL 32405

Title: VP ( ) Delete  
Name: DECKER, PHYLLIS  
Address: 99 ABERDEEN LOOP  
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete  
Name: WRAY, A. VICTOR  
Address: 401 SOUTH TRYON STREET, STE 2600  
City-St-Zip: CHARLOTTE, NC 28202

Title: VP ( ) Delete  
Name: GITTARD, NORBERT  
Address: 99 ABERDEEN LOOP  
City-St-Zip: PANAMA CITY, FL 32405

Title: VP ( ) Delete  
Name: HARFMAN, HELMUT  
Address: 99 ABERDEEN LOOP  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: JENSEN, JESPER M  
Address: LAUNDRY SYSTEMS GROUP NV 'T HOFVELD 6  
City-St-Zip: BRUSSELS, BELGIUM,

## 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:

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 exemption stated 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 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: PHYLLIS DECKER

VP

04/08/2009

Electronic Signature of Signing Officer or Director

Date