2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001881

Entity Name: VELUX SOLUTIONS INC.

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1418 EVANS POND ROAD GREENWOOD, SC 29649						
Current Mailing Address:			N	New Mailing Address:		
P.O. BOX 5001 GREENWOOD, SC 296485001						
FEI Number: 57-1119601		FEI Number Applied For ()	FEI Number Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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	it		Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTCD () ETANG-JENSEN, ADALSVEJ 99 2970 HORSHOLM		Ni Ad	itle: ame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E HAGY, M. DEXTE 109 LAURENS RO GREENVILLE, SO	OAD, SUITE 1-D	Ni Ad	itle: ame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HORVATH, WILL	ARD RD., PO BIX 5001	N: Ac	itle: ame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCFO () E HORVATH, WILL 450 OLD BRICKY GREENWOOD, S	ARD ROAD	Ni Ad	itle: ame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () E BENJAMIN, WILL 60 STATE STREE BOSTON, MA 02	ĒΤ	N: Ac	itle: ame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS ()E PATRICK, WILLIA DEADFALL ROAL GREENWOOD, S)	N: Ac	itle: ame: ddress: ity-St-Zip:	() Change () Addition	
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: WILLIAM F HORVATH VCFO 01/21/2008