

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002213

Entity Name: IKEA PROPERTY, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

420 ALAN WOOD ROAD
CONSHOHOCKEN, PA 19428

New Principal Place of Business:

Current Mailing Address:

420 ALAN WOOD ROAD
CONSHOHOCKEN, PA 19428

New Mailing Address:

FEI Number: 23-2270842

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: PD () Delete
Name: GUSTAFSSON, DAN
Address: 420 ALAN WOOD ROAD
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: D () Delete
Name: LOPEZ, PERNILLE
Address: 420 ALAN WOOD ROAD
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: DAS () Delete
Name: LARSSON, DAVE
Address: 420 ALAN WOOD ROAD
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: VP () Delete
Name: TERNES, GARY
Address: 420 ALAN WOOD ROAD
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: S () Delete
Name: JONES, MARGARET
Address: 420 ALAN WOOD ROAD
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: T () Delete
Name: ROBINSON, JOHN
Address: 420 ALAN WOOD ROAD
City-St-Zip: CONSHOHOCKEN, PA 19428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GUSTAFSSON, DAN
Address: 420 ALAN WOOD ROAD
City-St-Zip: CONSHOHOCKEN, PA 19428

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

Title: D (X) Change () Addition
Name: LARSSON, DAVE
Address: 420 ALAN WOOD ROAD
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: V (X) Change () Addition
Name: TERNES, GARY
Address: 420 ALAN WOOD ROAD
City-St-Zip: CONSHOHOCKEN, PA 19428

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: JOHN ROBINSON

T

04/30/2008

Electronic Signature of Signing Officer or Director

Date