

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002213

FILED  
Jan 11, 2012  
Secretary of State

Entity Name: IKEA PROPERTY, INC.

**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

**OFFICERS AND DIRECTORS:**

Title: V  
Name: GUSTAFSSON, DAN  
Address: 420 ALAN WOOD ROAD  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: D  
Name: WARD, MIKE  
Address: 420 ALAN WOOD ROAD  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: D  
Name: LARSSON, DAVE  
Address: 420 ALAN WOOD ROAD  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: P  
Name: TERNES, GARY  
Address: 420 ALAN WOOD ROAD  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: S  
Name: JACKSON, JUDY  
Address: 420 ALAN WOOD ROAD  
City-St-Zip: CONSHOHOCKEN, PA 19428

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN ROBINSON

TREA

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date