


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

03-28-2005 90273 001 ***300.00

DOCUMENT # F03000005170	
1. Entry Name AMPLIFON (USA), INC.	

Principal Place of Business 5000 CHESHIRE LANE NORTH PLYMOUTH MN 55446	Mailing Address 5000 CHESHIRE LANE NORTH PLYMOUTH MN 55446
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2. Principal Place of Business 5000 Cheshire Lane	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Plymouth MN	City & State
Zip 55446	Country USA

4. FEI Number 41-1958972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

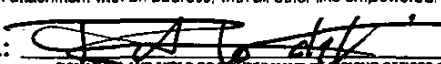
SIGNATURE:  DATE: 3/11/05

(NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME CHIONO, ALESSANDRO 5000 CHESHIRE LANE NORTH PLYMOUTH MN 55446	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE D	NAME ROLIER, GIOVANNI M 5000 CHESHIRE LANE NORTH PLYMOUTH MN 55446	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE D	NAME BALDISSERA, ALESSANDRO 5000 CHESHIRE LANE NORTH PLYMOUTH MN 55446	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE P	NAME WABLER, ROBERT 5000 CHESHIRE LANE NORTH PLYMOUTH MN 55446	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE S	NAME GIANNETTI, GIANNETTO 5000 CHESHIRE LANE NORTH PLYMOUTH MN 55446	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4/19/05 DAYTIME PHONE: 800-234-7767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR