2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001276

Entity Name: TUV RHEINLAND OF NORTH AMERICA, INC.

FILED Apr 04, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
12 COMMERCE ROAD NEWTOWN, CT 06470				
Current Mailing Address:			New Mailing Address:	
	RCE ROAD N, CT 06470			
FEI Number:	13-3157008	FEI Number Applied For () FEI Nu	ımber Not Appl	icable () Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:
SHORES, PAUL 8570 CEDAR COVE DRIVE ORLANDO, FL 32819 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:				
	Electro	nic Signature of Registered Agent		Date
Election Cam	paign Financin	ng Trust Fund Contribution ().		
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR				
Title: Name: Address: City-St-Zip:	PD (SCHMITT, STE 12 COMMERC NEWTOWN, C	E ROAD	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition SCHMITT, STEPHAN 12 COMMERCE ROAD NEWTOWN, CT 06470
Title: Name: Address: City-St-Zip:	VS (WASSERFUHI 12 COMMERC NEWTOWN, C	E ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V (HEINZE, MATI 1279 QUARRY PLEASANTON	/ LANE	Title: Name: Address: City-St-Zip:	V (X) Change () Addition SURBER, DAVID 1279 QUARRY LANE PLEASANTON, CA 94566
Title: Name: Address: City-St-Zip:	V (MULLANEY, K 12 COMMERC NEWTOWN, C	E ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (SCHLAEGER, 6 SMUGGLER HUNTINGTON,	S COVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (HACK, CHRIS' 51105 COLON GERMANY,		Title: Name: Address: City-St-Zip:	()Change()Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL WASSERFUHR CFO 04/04/2005