

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006526

Entity Name: LMS NORTH AMERICA, INC.

FILED
Feb 14, 2007
Secretary of State

Current Principal Place of Business:

1491 BLUEBERRY DRIVE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

2651 CROSSPARK ROAD
CORALVILLE, IA 52241

New Mailing Address:

FEI Number: 38-2854611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEELE, TOM
1491 BLUEBERRY DRIVE
TITUSVILLE, FL 32780 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: CP () Delete
Name: VANDEVZRZEN, URBAIN
Address: 1050 WILSHIRE DR., SUITE 250
City-St-Zip: TROY, MI 48084

Title: VC () Delete
Name: LEVRIDANEN, JAN
Address: 1050 WILSHIRE DR., SUITE 250
City-St-Zip: TROY, MI 48084

Title: S () Delete
Name: BOONEN, MARC
Address: 1050 WILSHIRE DR., SUITE 250
City-St-Zip: TROY, MI 48084

Title: T () Delete
Name: STEVENSON, ROBERT
Address: 2651 CROSSPARK ROAD
City-St-Zip: CORALVILLE, IA 52241

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: VANDEVZRZEN, URBAIN
Address: 1050 WILSHIRE DR., SUITE 250
City-St-Zip: TROY, MI 48084

Title: DR (X) Change () Addition
Name: LEVRIDANEN, JAN
Address: 1050 WILSHIRE DR., SUITE 250
City-St-Zip: TROY, MI 48084

Title: S (X) Change () Addition
Name: CURRY, TOM
Address: 1050 WILSHIRE DR., SUITE 250
City-St-Zip: TROY, MI 48084

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

Title: P () Change (X) Addition
Name: HOPTON, GREG
Address: 1050 WILSHIRE DR., SUITE 250
City-St-Zip: TROY, MI 48084

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT STEVENSON

TREA

02/14/2007

Electronic Signature of Signing Officer or Director

Date