

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000003557**

1. Entity Name  
**MOLLERS NORTH AMERICA, INC.**



Principal Place of Business  
**5215 52ND ST. SE  
GRAND RAPIDS, MI 49512**

Mailing Address  
**5215 52ND ST. SE  
GRAND RAPIDS, MI 49512**



04112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-2195985**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SAENZ, CARLOS  
330 S. OCEAN BLVD., APT. 5C  
PALM BEACH, FL 33480**

**DO NOT WRITE  
IN THIS SPACE**

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: *Carlos Saenz* **Carlos Saenz, Executive V.P.** **April 11, 2007**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	BIRKENFELD, RICHARD
STREET ADDRESS	5215 52ND ST. SE
CITY-ST-ZIP	GRAND RAPIDS, MI 49512
TITLE	V
NAME	SAENZ, CARLOS
STREET ADDRESS	5215 52ND ST. SE
CITY-ST-ZIP	GRAND RAPIDS, MI 49512
TITLE	ST
NAME	ENGELHARDT, PETER
STREET ADDRESS	5215 52ND ST. SE
CITY-ST-ZIP	GRAND RAPIDS, MI 49512
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80097-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Carlos Saenz* **Carlos Saenz, Exec. V.P.** **April 11, 2007 616-942-6504**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #