

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90043 006 ***150.00

DOCUMENT # F07000004155

1. Entity Name
ICELANDIC USA, INC.



Principal Place of Business
**190 ENTERPRISE DRIVE
NEWPORT NEWS, VA 23603**

Mailing Address
**190 ENTERPRISE DRIVE
NEWPORT NEWS, VA 23603**

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-1657904

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGNARSSON, AEVAR CEO 190 ENTERPRISE DRIVE NEWPORT NEWS, VA 23603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIGFUSSON, ELLERT 190 ENTERPRISE DRIVE NEWPORT NEWS, VA 23603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHANSSON, BJORGOLFOR 190 ENTERPRISE DRIVE NEWPORT NEWS, VA 23603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS THOME, MICHAEL P CFO 190 ENTERPRISE DRIVE NEWPORT NEWS, VA 23603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLOODGOOD, STEVE 190 ENTERPRISE DRIVE NEWPORT NEWS, VA 23603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, DANIEL 190 ENTERPRISE DRIVE NEWPORT NEWS, VA 23603

**DO NOT WRITE
IN THIS SPACE**

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:

Michael P. Thome
Michael P. Thome

C.F.O.

2/27/08

757-820-4000

Date

Daytime Phone #