

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000942

Entity Name: KUHN NORTH AMERICA, INC.

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

1501 W 7TH AVE
BRODHEAD, WI 53520

New Principal Place of Business:

Current Mailing Address:

PO BOX 167
BRODHEAD, WI 53520

New Mailing Address:

FEI Number: 82-0566728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C () Delete
Name: SIEBERT, MICHAEL
Address: 4 IMPASSE DES FABRIQUES BP 60
City-St-Zip: SAVERNE FRANCE 67700, XX

Title: DPS () Delete
Name: KRIER, THIERRY
Address: 1501 W 7TH AVE
City-St-Zip: BRODHEAD, WI 53520

Title: D () Delete
Name: HIRONINOU, JEANNOT
Address: 4 IMPASSE DES FABRIQUES BP 60
City-St-Zip: SAVERNE FRANCE 67700, XX

Title: T () Delete
Name: SCHNEIDER, DOMINIQUE
Address: 4 IMPASSE DES FABRIQUES BP 60
City-St-Zip: SAVERNE FRANCE 67700, XX

Title: AS () Delete
Name: RIEGER, ROLAND
Address: 4 IMPASSE DES FABRIQUES BP 60
City-St-Zip: SAVERNE FRANCE 67700, XX

Title: AS () Delete
Name: LEITZEN, JILL A
Address: 1501 W 7TH AVE
City-St-Zip: BRODHEAD, WI 53520

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL SHUDA

CONT

02/24/2009

Electronic Signature of Signing Officer or Director

Date