

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004351

FILED  
Feb 02, 2011  
Secretary of State

Entity Name: C G SALES NETWORKS AMERICAS INC.

**Current Principal Place of Business:**

ONE PAUWELS DRIVE  
WASHINGTON, MO 63090

**New Principal Place of Business:**

**Current Mailing Address:**

ONE PAUWELS DRIVE  
WASHINGTON, MO 63090

**New Mailing Address:**

FEI Number: 43-1407912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: PATIL, DILEEP  
Address: ANTWERPSESTEENWEG 167  
City-St-Zip: B-2800 MECHELEN, BELGIUM, XX

Title: D  
Name: KELLY, MARTIN  
Address: ANTWERPSESTEENWEG 167  
City-St-Zip: B-2800 MECHELEN, BELGIUM, XX

Title: VC  
Name: SCHILLEECKX, MARC  
Address: ONE PAUWELS DRIVE  
City-St-Zip: WASHINGTON, MO 63090

Title: D  
Name: MOHESKY, NORVIN  
Address: ONE PAUWELS DRIVE  
City-St-Zip: WASHINGTON, MO 63090

Title: S  
Name: SCHIERMEIR, STACY  
Address: ONE PAUWELS DRIVE  
City-St-Zip: WASHINGTON, MO 63090

I hereby 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 all other like empowered.

SIGNATURE: STACY SCHIERMEIR

S

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date