

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002561 (8)**

1. Corporation Name

**FOSS NORTH AMERICA, INC.**



Principal Place of Business

Mailing Address

**10355 W 70TH STREET  
EDEN PRAIRIE MN 55344**

**10355 W 70TH STREET  
EDEN PRAIRIE MN 55344**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>7682 Executive Drive</b>	26 <b>7682 Executive Drive</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 <b>Eden Prairie MN</b>	28 <b>Eden Prairie MN</b>		
Zip	Country	Zip	Country
24 <b>55344</b>	25 <b>USA</b>	29 <b>55344</b>	30 <b>USA</b>

3. Date Incorporated or Qualified

**05/17/1994**

4. FEI Number

**41-1529328**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
SUITE 105  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, BRENDAN</b>	1.2 NAME	
STREET ADDRESS	<b>10355 W 70TH STREET</b>	1.3 STREET ADDRESS	<b>7682 Executive Drive</b>
CITY-ST-ZIP	<b>EDEN PRAIRIE MN 55344</b>	1.4 CITY-ST-ZIP	<b>Eden Prairie, MN 55344</b>
TITLE	<b>ST</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISAACSON, JEFFREY</b>	2.2 NAME	
STREET ADDRESS	<b>10355 W 70TH STREET</b>	2.3 STREET ADDRESS	<b>7682 Executive Drive</b>
CITY-ST-ZIP	<b>EDEN PRAIRIE MN 55344</b>	2.4 CITY-ST-ZIP	<b>Eden Prairie MN 55344</b>
TITLE	<b>C</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSS, NILES</b>	3.2 NAME	
STREET ADDRESS	<b>69 SLANGERPUGADE DK 3400</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HILLERNED DENMARK</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VC</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSS, PETER</b>	4.2 NAME	
STREET ADDRESS	<b>69 SLANGERPUGADE DK 3400</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HILLERNED DENMARK</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOHLER, JIM</b>	5.2 NAME	
STREET ADDRESS	<b>4041 HIGHWAY 61</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHITE BEAR LAKE MN</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or only in attachment with an address.

SIGNATURE

CR2E034 (10/97)