

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002561

1. Entity Name

FOSS NORTH AMERICA, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90024 036 \*\*\*150.00

Principal Place of Business

7682 EXECUTIVE DR  
EDEN PRAIRIE MN 55344  
US

Mailing Address

7682 EXECUTIVE DR  
EDEN PRAIRIE MN 55344-3677  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1529328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTIN, BRENDAN	
STREET ADDRESS	7682 EXECUTIVE DR	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ISAACSON, JEFFREY	
STREET ADDRESS	7682 EXECUTIVE DR	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	C	<input type="checkbox"/> Delete
NAME	FOSS, NILES	
STREET ADDRESS	69 SLANGERPUGADE DK 3400	
CITY-ST-ZIP	HILLERNED DENMARK	
TITLE	VC	<input type="checkbox"/> Delete
NAME	FOSS, PETER	
STREET ADDRESS	69 SLANGERPUGADE DK 3400	
CITY-ST-ZIP	HILLERNED DENMARK	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOHLER, JIM	
STREET ADDRESS	4041 HIGHWAY 61	
CITY-ST-ZIP	WHITE BEAR LAKE MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

612 974 9892

Daytime Phone #

CR2E034 (9/99)