

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002561

1. Entity Name

FOSS NORTH AMERICA, INC.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90037 010 \*\*\*150.00

Principal Place of Business

7682 EXECUTIVE DR  
EDEN PRAIRIE MN 55344  
US

Mailing Address

7682 EXECUTIVE DR  
EDEN PRAIRIE MN 55344  
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, 2001 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 ☐ Delete  
NAME MARTIN, BRENDAN  
STREET ADDRESS 7682 EXECUTIVE DR  
CITY-ST-ZIP EDEN PRAIRIE MN 55344

TITLE ☐ Change ☒ Addition  
NAME Anders Hedegaard  
STREET ADDRESS 69 slangerupgade DK 3400  
CITY-ST-ZIP Hillerod Denmark

TITLE ST ☐ Delete  
NAME ISAACSON, JEFFREY  
STREET ADDRESS 7682 EXECUTIVE DR  
CITY-ST-ZIP EDEN PRAIRIE MN 55344

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☒ Delete  
NAME FOSS, NILES  
STREET ADDRESS 69 SLANGERPUGADE DK 3400  
CITY-ST-ZIP HILLERED DENMARK

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VC ☐ Delete  
NAME FOSS, PETER  
STREET ADDRESS 69 SLANGERPUGADE DK 3400  
CITY-ST-ZIP HILLERED DENMARK

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KOHLER, JIM  
STREET ADDRESS 4041 HIGHWAY 61  
CITY-ST-ZIP WHITE BEAR LAKE MN

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)