2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000002561

1. Entity Name
FOSS NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
7682 EXECUTIVE DR EDEN PRAIRIE, MN 55344 US	7682 EXECUTIVE DR EDEN PRAIRIE, MN 55344 US

02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000099138
03/30/04-80001-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN, BRENDAN
STREET ADDRESS	7682 EXECUTIVE DR
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344
TITLE	ST
NAME	ISAACSON, JEFFREY
STREET ADDRESS	7682 EXECUTIVE DR
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344
TITLE	VC
NAME	FOSS, PETER
STREET ADDRESS	69 SLANGERPUGADE DK 3400
CITY-ST-ZIP	HILLERNED DENMARK,
TITLE	P
NAME	WANG, ROBERT
STREET ADDRESS	7682 EXECUTR VE DR
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344
TITLE	CB
NAME	MEULENGRAGHT, MICHAEL
STREET ADDRESS	69 SLANGERUPGA DE 013400
CITY-ST-ZIP	HILLERAD, DM
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/25/04 9529749892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #