

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90411 017 \*\*\*150.00

**DOCUMENT # F94000002561**

1. Entity Name  
**FOSS NORTH AMERICA, INC.**



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

Mailing Address  
**7682 EXECUTIVE DR  
EDEN PRAIRIE, MN 55344 US**

**00012700**



03212006 Chg-P CR2E034 (11/05)

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. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **MARTIN, BRENDAN**  
STREET ADDRESS **7682 EXECUTIVE DR**  
CITY - ST - ZIP **EDEN PRAIRIE, MN 55344**

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

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 **VC** ☐ Delete  
NAME **FOSS, PETER**  
STREET ADDRESS **69 SLANGERUPGADE DK 3400**  
CITY - ST - ZIP **HILLERNED DENMARK,**

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

TITLE **P** ☐ Delete  
NAME **SUENSGAARD, CHRISTIAN**  
STREET ADDRESS **7682 EXECUTR VE DR**  
CITY - ST - ZIP **EDEN PRAIRIE, MN 55344**

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

TITLE **CB** ☐ Delete  
NAME **MEULENGRAGHT, MICHAEL**  
STREET ADDRESS **69 SLANGERUPGA DE 013400**  
CITY - ST - ZIP **HILLERAD, DM**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeffrey J. Isaacson* 3/21/06 9529749892

Date

Daytime Phone #