


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90062 019 ***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		
2. Principal Place of Business - No P.O. Box # 8091 Wallace Road			3. Mailing Address 8091 Wallace Road		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Eden Prairie, MN		City & State Eden Prairie, MN		4. FEI Number 41-1529328	
Zip 55344		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ISAACSON, JEFFREY 7682 EXECUTIVE DR EDEN PRAIRIE, MN 55344 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8091 Wallace Road Eden Prairie, MN 55344	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FOSS, PETER 69 SLANGERPUGADE DK 3400 HILLERNED DENMARK, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUENSGAARD, CHRISTIAN 7682 EXECUTR VE DR EDEN PRAIRIE, MN 55344 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8091 Wallace Road Eden Prairie, MN 55344	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB MEULENGRAGHT, MICHAEL 69 SLANGERUPGA DE 013400 HILLERAD, DM <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CB Jan Elgaard 69 Slangerupgade DK 3400 Hillerod Denmark	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 5/3/07 952.974.9892 </div> <small>Date Daytime Phone #</small>		

ATTACHMENT
40106982
#F94000002561

FOSS

May 1, 2007

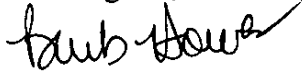
Florida Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Attached is our company's Annual Report for 2007. Due the state's incompetent web site I was unable to file on line. I tried for three days and when I called technical support they told me to try at night since the web site won't have so many users on. I tried that for two evenings and still was not able to get my report processed. I again called technical support and they told me that if I printed the form out and sent in a check today I would not be penalized and would only have to pay the \$150.00 initial fee.

If you have any questions you can email me at bhowes@fossnorthamerica.com or call me at 952-974-9892.

Best Regards,



Barb Howes
Tax Accountant

Dedicated Analytical Solutions

FOSS NORTH AMERICA
8091 Wallace Road
Eden Prairie, MN 55344

Tel: 800 547 6275
Tel: 952 974 9892
Fax: 952 974 9823

Web: www.foss.us
E-mail: info@fossnorthamerica.com