


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # F94000002561 1. Entity Name FOSS NORTH AMERICA, INC.	
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Principal Place of Business 8091 WALLACE ROAD EDEN PRAIRIE, MN 55344 US	Mailing Address 8091 WALLACE ROAD EDEN PRAIRIE, MN 55344 US
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DO NOT WRITE IN THIS SPACE



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number 41-1529328	Applied For 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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ISAACSON, JEFFREY 8091 WALLACE ROAD EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FOSS, PETER 69 SLANGERPUGADE DK 3400 HILLERNED DENMARK,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUENSGAARD, CHRISTIAN 8091 WALLACE ROAD EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB ELGAARD, JAN 69 SLANGERUPGEIDE HILLEROD, DENMARK, dk3400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/02/08-80026-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **3/10/08 952 974 9892**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #