

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90544 027 ***150.00

DOCUMENT # F96000002687

1. Entity Name
 BRP US INC.



Principal Place of Business
 451 EAST ILLINOIS AVENUE
 BENTON, IL 62812

Mailing Address
 10101 SCIENCE DRIVE
 STURTEVANT, WI 53177

2. Principal Place of Business
 10101 Science Dr
 Suite, Apt. #, etc.

3. Mailing Address
 ATTN: TAX Dept
 Suite, Apt. #, etc.
 10101 Science Dr

City & State
 STURTEVANT, WI
 Zip
 53177
 Country
 USA

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 STURTEVANT, WI
 Zip
 53177
 Country
 USA

04202005 Chg-P CR2E034 (10/03)

4. FEI Number
 37-1341308
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOISJOLI, JOSE 565 DE LA MONTAGNE ST VALCOURT, QUEBEC. <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ARSENAULT, PIERRE 565 DE LA MONTAGNE ST. VALCOURT, QUEBEC. <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BACHANT, RAYMOND 565 DELA MONTAGNE VALCOURT, QUEBEC, CN <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MILLSON, JENNIFER E 1061 PARENT STREET ST.BRUNO, QUEBEC. <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT EMOND, JACQUES 10101 SCIENCE DR STURTEVANT, WI 53177 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Roch Lambert 10101 Science Dr STURTEVANT, WI 53177 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 565 DE LA MONTAGNE ST. VALCOURT, QUEBEC |
| 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"/> Change <input type="checkbox"/> Addition |

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: J. Emond Jacques Emond ASST. Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1401475

