2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004728

Address:

City-St-Zip:

Entity Name: HUAL NORTH AMERICA INC

FILED Jun 30, 2004 Secretary of State

Entity Nar	me: HUAL NO	OR LH AMERICA INC.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
500 N. BRO JERICHO JERICHO,							
Current M	lailing Addres	s:	New Mailing Address:				
500 N. BRO JERICHO, JERICHO,							
FEI Number: 13-2733940 FEI Number Applied For ()			FEI Number Not Applicable ()			Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address o	f New Reg	jistered Agent:	
BLOUNT I	, LARRY E RAWLS BLV SLAND TERM VILLE, FL 322	INAL					
	named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registere	d office or	registered agent, or bo	oth,
SIGNATUR	RE:						
	Electror	ic Signature of Registered Ag	jent			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BUTCHER, JAN 27 MILL DAM F SMITHTOWN, I	ROAD	Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	LYNGAS, PER	VEIEN 7, BOX 2596 SOLLI	Title: Name: Address: City-St-Zip:	DC LYNGAS, PI WERGELAN OSLO,, NO	IDSVEIEN 7,	() Addition BOX 2596 SOLLI	
Title: Name: Address: City-St-Zip:	VP () WINOGRAD, R 7 GENTORE C EDISON, NJ 0	DURT	Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	BUGGE, NEILS	VEIEN 7, PO BOX 2596 SOLLI	Title: Name: Address: City-St-Zip:				
Title: Name:		Delete	Title: Name:	D JENSEN, CI	()Change HARLES	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip: OSLO,, NO N0-023 NO

SIGNATURE: JAMES E BUTCHER P 06/30/2004

WERGELANDSVEIEN 7. PO BOX 2596 SOLLI