

FILED
May 08, 2006 8:00 am
Secretary of State

4000000

[illegible]

02062006 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
06-0891387		Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

TITLE	P7
NAME	LAURSEN, SOREN T
STREET ADDRESS	555 TAYLOR RD.
CITY - ST - ZIP	ENFIELD, CT 06082

TITLE	D
NAME	KRISTIANSEN, KJELD KIRK OVESEEN, JENS JESPER
STREET ADDRESS	DK-7190
CITY - ST - ZIP	BILLUND, DENMARK.

TITLE	S
NAME	ARAKAS, PETER
STREET ADDRESS	555 TAYLOR ROAD
CITY - ST - ZIP	ENFIELD, CT 06082

TITLE	T
NAME	PICKERING, LISA REDA, LISA
STREET ADDRESS	555 TAYLOR RD
CITY-ST-ZIP	ENFIELD, CT 06082

TITLE	D
NAME	KNUDSTORP, JORGEN VIG
STREET ADDRESS	DK-7190
CITY-ST-ZIP	BILLUND, DENMARK

TITLE	Vike President
NAME	SPECHT, BRIAN
STREET ADDRESS	555 TAYLOR Road
CITY - ST - ZIP	ENFIELD, CT 06082

**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: Lisa Reda LISA REDA, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____