2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# J33784

Entity Name: LIQUID FILTRATION CONSULTANTS NORTH AMERICA, INC.

Current Principal Place of Business:

2508 SUCESS DRIVE
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

20000 GOVERNORS DRIVE
SUITE 301
OLYMPIA FIELDS, IL 60461 US

New Mailing Address:

FEI Number: 59-2722381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMILTON, THEODORE J ESQUIRE
400 N. TAMPA STREET., STE 2625 PARK TOWER
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DEDERT, THOMAS W
Address: 20000 GOVERNORS DRIVE
City-St-Zip: OLYMPIA FIELDS, IL 604611074

Title: STD ( ) Delete
Name: LORIG, ALAN S
Address: 20000 GOVERNORS DRIVE
City-St-Zip: OLYMPIA FIELDS, IL 604611074

Title: D ( ) Delete
Name: VELDKAMP, FRANK
Address: 20000 GOVERNORS DRIVE
City-St-Zip: OLYMPIA FIELDS, IL 604611074

Title: D ( ) Delete
Name: SCHUURING, ROBERT
Address: 20000 GOVERNORS DRIVE
City-St-Zip: OLYMPIA FIELDS, IL 604611074

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: JESPERSEN, PER S
Address: 20000 GOVERNORS DRIVE
City-St-Zip: OLYMPIA FIELDS, IL 604611074

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.

SIGNATURE: ALAN S. LORIG STD 01/05/2005

Electronic Signature of Signing Officer or Director Date