2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # M03000000056 1. Entity Name 04-12-2004 90036 015 ****50.00 VEDIOR NORTH AMERICA, LLC Principal Place of Business Mailing Address 60 HARVARD MILL SQUARE 60 HARVARD MILL SQUARE WAKEFIELD MA 01880-3208 **WAKEFIELD MA 01880-3208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 57-1139060 Not Applicable Zip' \$5.00 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Delete TITLE ☐ Addition NAME FUCCILLO, RONALD NAME STREET ADDRESS 60 HARVARD MILL-SQUARE STREET ADORESS WAKEFIELD MA 01880-3208 CITY-ST-ZIP CITY-ST-ZIP Manager TITLE ☐ Change TITLE Delete ★ Addition Gregory Netland 60 Harvard Mill Square NAME STRONG, JOSEPH L MARAC STREET ADDRESS 60 HARVARD MILL SQUARE STREET ADDRESS WAKEFIELD MA 01880-3208 CITY-ST-ZIP CITY-ST-7IP Wakefield, MA 01880-3208 ☐ Change TITLE MGR ☐ Delete TITLE ☐ Addition NAME= NAME-MILES, C.K.Z. L STREET ADDRESS 60 HARVARD MILL SQUARE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **WAKEFIELD MA 01880-3208** MGR TITLE Delete TITLE ☐ Change ☐ Addition MARTIN, ANTHONY VICTOR NAME NAME STREET ADDRESS 60 HARVARD MILL SQUARE STREET ADDRESS WAKEFIELD MA 01880-3208 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the

limited liability company or the regaliver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED