


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000000056 1. Entity Name VEDIOR NORTH AMERICA, LLC	
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Principal Place of Business 60 HARVARD MILL SQUARE WAKEFIELD, MA 01880-3208	Mailing Address 60 HARVARD MILL SQUARE WAKEFIELD, MA 01880-3208
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04252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1139060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FUCCILLO, RONALD 60 HARVARD MILL SQUARE WAKEFIELD, MA 018803208
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NETLAND, GREGORY 60 HARVARD MILL SQUARE WAKEFIELD, MA 018803208
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILES, C.K.Z. L 60 HARVARD MILL SQUARE WAKEFIELD, MA 018803208
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U00000349847
05/02/05-60082-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  4/26/05 781-213-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Ronald Fuccillo, Treasurer