

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000002163

1. Entity Name  
CPP NORTH AMERICA, LLC



Principal Place of Business  
10900 WAYZATA BLVD.  
MINNETONKA, MN 55305

Mailing Address  
10900 WAYZATA BLVD.  
MINNETONKA, MN 55305

*PK*

**FILED**  
04 AUG -4 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
*5100 Gamble Drive*

3. Mailing Address  
*5100 Gamble Drive*

Suite, Apt. #, etc.  
*Suite 600*

Suite, Apt. #, etc.  
*Suite 600*

City & State  
*St. Louis Park, MN*

City & State  
*St. Louis Park, MN*

Zip  
*55416*

Country  
*USA*

Zip  
*55416*

Country  
*USA*

08032004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
35-2208197

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME ANDERSON, WILLIAM R ☐ Delete  
STREET ADDRESS 10900 WAYZATA BLVD.  
CITY-ST-ZIP MINNETONKA, MN 55305

TITLE MGR  
NAME VERNOR, JEAN P ☒ Delete  
STREET ADDRESS 10900 WAYZATA BLVD.  
CITY-ST-ZIP MINNETONKA, MN 55305

TITLE MGR  
NAME FISHER, ANDREW C ☒ Delete  
STREET ADDRESS 10900 WAYZATA BLVD.  
CITY-ST-ZIP MINNETONKA, MN 55305

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME Eric R. Woolley ☐ Change ☒ Addition  
STREET ADDRESS 5100 Gamble Drive, Suite 600  
CITY-ST-ZIP St. Louis Park, MN 55416

TITLE MGR  
NAME Gregory C. Mazza ☐ Change ☒ Addition  
STREET ADDRESS 5100 Gamble Drive, Suite 600  
CITY-ST-ZIP St. Louis Park, MN 55416

TITLE  
NAME 100039957421 ☐ Change ☐ Addition  
STREET ADDRESS 08/06/04--01070--004 \*\*55.00  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*William R. Anderson*

William R. Anderson

8/3/04

952-541-5800

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

Date

Daytime Phone #