

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000002163

1. Entity Name
CPP NORTH AMERICA, LLC



Principal Place of Business
5100 GAMBLE DRIVE, SUITE 600
ST. LOUIS PARK, MN 55416

Mailing Address
5100 GAMBLE DRIVE, SUITE 600
ST. LOUIS PARK, MN 55416



03252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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

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

U00000300630
04/12/05-80030-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ANDERSON, WILLIAM R
5100 GAMBLE DRIVE, SUITE 600
ST. LOUIS PARK, MN 55416

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WOOLLEY, ERIC R
5100 GAMBLE DRIVE, SUITE 600
ST. LOUIS PARK, MN 55416

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MAZZA, GREGORY C
5100 GAMBLE DRIVE, SUITE 600
ST. LOUIS PARK, MN 55416

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

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

Date

Daytime Phone #

William R. Anderson

4-5-05

952-541-5800