

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002163

Entity Name: CPP NORTH AMERICA, LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 35-2208197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEARCE, DAVID W
Address: 5100 GAMBLE DRIVE, SUITE 600
City-St-Zip: ST. LOUIS PARK, MN 55416

Title: MGR () Delete
Name: WOOLLEY, ERIC R
Address: 5100 GAMBLE DRIVE, SUITE 600
City-St-Zip: ST. LOUIS PARK, MN 55416

Title: MGR () Delete
Name: MAZZA, GREGORY C
Address: 5100 GAMBLE DRIVE, SUITE 600
City-St-Zip: ST. LOUIS PARK, MN 55416

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID W. PEARCE

EVP

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date