


FILED
Mar 15, 2006 8:00 am
Secretary of State

<h1 style="margin: 0;">DOCUMENT # M25139</h1>			
1. Entity Name LOUIS POULSEN LIGHTING INC.			
Principal Place of Business 3260 MERIDIAN PARKWAY FT LAUDERDALE, FL 33331 US		Mailing Address 3260 MERIDIAN PARKWAY FT LAUDERDALE, FL 33331 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
PEDERSEN, KENT S 3260 MERIDIAN PKWY FT. LAUDERDALE, FL 33331		Name	
		Street Address	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad	
10. OFFICERS AND DIRECTORS			
TITLE	PTS	<input type="checkbox"/> Delete	
NAME	PEDERSEN, KENT S		
STREET ADDRESS	3260 MERIDIAN PKWY		
CITY - ST - ZIP	FT. LAUDERDALE, FL 33331		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	HOLM, ERIK		
STREET ADDRESS	3260 MERIDIAN PKWY		
CITY - ST - ZIP	FT. LAUDERDALE, FL 33331		
TITLE	D	<input type="checkbox"/> Delete	
NAME	LINDBERG, HANS		
STREET ADDRESS	3260 MERIAN PKWY		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33331		
TITLE		<input type="checkbox"/> Delete	
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TITLE		<input type="checkbox"/> Delete	
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CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: _____ KENT S. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



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4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution, ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS PEDERSEN, KENT S 3260 MERIDIAN PKWY FT. LAUDERDALE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLM, ERIK 3260 MERIDIAN PKWY FT. LAUDERDALE, FL 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C PETER THORSEN 3260 MERIDIAN PKWY FT. LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LINDBERG, HANS 3260 MERIAN PKWY FORT LAUDERDALE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition -
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kent S. PEDERSEN 3-6-06 954-347-253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (mm-dd-yyyy)