

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000063463

FILED
Apr 16, 2004
Secretary of State

Entity Name: POLARIS NORTH AMERICA, INC.

Current Principal Place of Business:

1149 SAWGRASS CORPORATE PKWY.
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1149 SAWGRASS CORPORATE PKWY.
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-1022339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STIEF, BRUCE
3806 OAKRIDGE CIRCLE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

STIEF, BRUCE
1149 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323 US

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: BRUCE STIEF

04/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MELENDEZ, MAGIN
Address: 1149 SAWGRASS CORPORATE PKWY
City-St-Zip: SUNRISE, FL 33323

Title: VP () Delete
Name: STIEF, BRUCE
Address: 1149 SAWGRASS CORPORATE PKWY
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE STIEF

V.P.

04/16/2004

Electronic Signature of Signing Officer or Director

Date