


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34163** (6)
1. Corporation Name
NORDIC ADVANTAGE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 104 PEAVEY ROAD ATTN: GENERAL COUNSEL CHASKA MN 55318 US	Mailing Address 11 PEAVEY RD CHASKA MN 55318
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3. Date Incorporated or Qualified
06/03/1991

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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4. FEI Number
41-1690943

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	C/D
NAME	TOD, G ROBERT	1.2 NAME	Tod, G Robert
STREET ADDRESS	104 PEAVEY ROAD	1.3 STREET ADDRESS	104 Peavey Road
CITY-ST-ZIP	CHASKA MN	1.4 CITY-ST-ZIP	Chaska, MN 55318
TITLE	VP	2.1 TITLE	P
NAME	KLEIN, SCOTT E	2.2 NAME	William J. Healey
STREET ADDRESS	104 PEAVEY ROAD	2.3 STREET ADDRESS	104 Peavey Road
CITY-ST-ZIP	CHASKA MN	2.4 CITY-ST-ZIP	Chaska, MN 55318
TITLE	T	3.1 TITLE	
NAME	TRABUCCO, ROBERT	3.2 NAME	
STREET ADDRESS	104 PEAVEY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHASKA MN	3.4 CITY-ST-ZIP	
TITLE	ASTS	4.1 TITLE	
NAME	DAVIS, GLENN E.	4.2 NAME	
STREET ADDRESS	12 RIVERDALE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	S
NAME	BARKSDALE, HENRY	5.2 NAME	Charles Steffey
STREET ADDRESS	104 PEAVEY ROAD	5.3 STREET ADDRESS	11 Peavey Road
CITY-ST-ZIP	CHASKA MN	5.4 CITY-ST-ZIP	Chaska, MN 55318
TITLE	D	6.1 TITLE	
NAME	LEIGHTON, CHARLES M	6.2 NAME	
STREET ADDRESS	33 LIBERTY ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE 1/30/98 6:23 68-

CR2E034 (10/97)