


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90349 032 ***150.00

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DOCUMENT # 829814					
1. Entity Name APV NORTH AMERICA, INC.					
Principal Place of Business 5100 N RIVER ROAD 3RD FLOOR SCHILLER PARK, IL 60176			Mailing Address 33 COMMERCIAL ST., B51-2B FOXBORO, MA 02035		
2. Principal Place of Business 395 Fillmore Avenue		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tonawanda, NY		City & State		4. FEI Number 36-2759592	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 14150		Country USA		03172005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALSTED, DONALD	NAME			
STREET ADDRESS	33 COMMERCIAL STREET	STREET ADDRESS			
CITY-ST-ZIP	FOXBORO, MA 02035	CITY-ST-ZIP			
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EHLE, JAY	NAME			
STREET ADDRESS	33 COMMERCIAL ST	STREET ADDRESS			
CITY-ST-ZIP	FOXBORO, MA 02035	CITY-ST-ZIP			
TITLE	VAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KANG, JOSEPH	NAME			
STREET ADDRESS	5100 N. RIVER RD.	STREET ADDRESS			
CITY-ST-ZIP	SCHILLER PARK, IL 60176	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILIPS, BRUCE A	NAME			
STREET ADDRESS	10707 HADDINGTON DR.	STREET ADDRESS			
CITY-ST-ZIP	HOUSTON, TX 77037	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREEN, WILLIAM	NAME			
STREET ADDRESS	395 FILLMORE AVENUE	STREET ADDRESS			
CITY-ST-ZIP	TONAWANDA, NY 14150	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 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: <u>Jay S. Ehle</u>		Jay S. Ehle, VP Secretary		03/17/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

