


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90126 033 \*\*\*150.00

<b>DOCUMENT # 829814</b>		
1. Entity Name APV NORTH AMERICA, INC.		
Principal Place of Business 105 CROSS POINT PKWY. GETZVILLE NY 14068		Mailing Address 33 COMMERCIAL ST., B51-2B FOXBORO MA 02035



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 13515 Ballantyne Corp. Pl. Suite, Apt. #, etc.		3. Mailing Address 13515 Ballantyne Corp. Pl. Suite, Apt. #, etc.	
City & State Charlotte, NC		City & State Charlotte, NC	
Zip 28277	Country U.S.A.	Zip 28277	Country U.S.A.

4. FEI Number 36-2759592	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD EHLE, JAY 33 COMMERCIAL ST FOXBORO MA 02035 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KANG, JOSEPH 2631 GREEN LEAF WILMETTE IL 60091 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDENBROOK, LARIUE M 2507 TOURNAMENT PLAYERS CIRCLE MINNEAPOLIS MN 53449 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TURNER, PATRICIA J 735 PAST RD E WESTPORT CT 06880 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPINNEY, WILLIAM PORTLAND HOUSE, BRESSENDEN PLACE LONDON UK sw1-e5bf <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HULL, VICTORIA PORTLAND HOUSE, BRESSENDEN PLACE LONDON UK sw1-e5bf <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Director John Carinci 13515 Ballantyne Corp. Pl. Charlotte, NC 28277 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer Ronald Giza 13515 Ballantyne Corp. Pl. Charlotte, NC 28277 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer Steven D. Greenfeld 13515 Ballantyne Corp. Pl. Charlotte, NC 28277 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary/Director Kevin Lilly 13515 Ballantyne Corp. Pl. Charlotte, NC 28277 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Patrick J. O'Leary 13515 Ballantyne Corp. Pl. Charlotte, NC 28277 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Ronald Giza Date: 4/7/2008 Phone: 231-737-5017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

ATTACHMENT

**Additional Officers and Directors:**

40092742

# 829814

Vice President/Treasurer/Director  
Michael Reilly  
13515 Ballantyne Corp. Pl.  
Charlotte, NC 28277