


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000000135		
1. Entity Name DANFOSS INC.		
Principal Place of Business 7941 CORPORATE DR NOTTINGHAM, MD 21236	Mailing Address 7941 CORPORATE DR NOTTINGHAM, MD 21236	



03052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-1734543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	COB
NAME	CLAUSEN, JORGEN MADSEN
STREET ADDRESS	DANFOSS A/S
CITY-ST-ZIP	NORDBORG, DENMARK 6430,
TITLE	BM
NAME	ANDERSEN, OLE STEEN
STREET ADDRESS	DANFOSS A/S
CITY-ST-ZIP	NORDBORG, DENMARK, DK-640
TITLE	P
NAME	WILKINS, ROBERT W
STREET ADDRESS	7941 CORPORATE DRIVE
CITY-ST-ZIP	NOTTINGHAM, MD 21236
TITLE	S
NAME	SCHNELL, FRANK
STREET ADDRESS	7941 CORPORATE DRIVE
CITY-ST-ZIP	BALTIMORE, MD 21236
TITLE	BM
NAME	CLAUSEN, HENRIK
STREET ADDRESS	7941 CORPORATE DR.
CITY-ST-ZIP	BALTIMORE, MD 21236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000859035  
 04/02/08-80005-016 150.00

**DO NOT WRITE IN THIS SPACE**

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:** *Francis C Schnell* FRANCIS C SCHNELL **3/6/08** 410-513-1160

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