


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 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**

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>58-1734543</b>	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 \_\_\_\_\_ 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB CLAUSEN, JORGEN MADS DANFOSS A/S NORDBORG, DENMARK 6430,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ANDERSEN, OLE STEEN DANFOSS A/S NORDBORG, DENMARK, DK-840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILKINS, ROBERT W 7941 CORPORATE DRIVE NOTTINGHAM, MD 21236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHNELL, FRANK 7941 CORPORATE DRIVE BALTIMORE, MD 21236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CLAUSEN, HENRIK 7941 CORPORATE DR. BALTIMORE, MD 21236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/18/07-80022-001 150.00

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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** **1/8/07** **410/513-1160**

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