

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001998

Entity Name: IFS NORTH AMERICA, INC.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

10 N MARTINGALE RD
STE 600
SCHAUMBURG, IL 60173

New Principal Place of Business:

Current Mailing Address:

200 S. EXECUTIVE DRIVE
SUITE 100
BROOKFIELD, WI 53005

New Mailing Address:

FEI Number: 39-1292200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JAUDON, CINDY
Address: 10 N MARTINGALE RD SUITE 600
City-St-Zip: SCHAUMBURG, IL 60173

Title: CD () Delete
Name: HANS, ALVING
Address: TEKNIKRIGEN 5
City-St-Zip: LINKOPING, SWEDEN, SE-580

Title: T () Delete
Name: DWIGHT, MITCH
Address: 10 N MARTINGALE RD SUITE 600
City-St-Zip: SCHAUMBURG, IL 60173

Title: S () Delete
Name: VEAGUE, RICK
Address: 10 N MARTINGALE RD STE 600
City-St-Zip: SCHAUMBURG, IL 60173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCH DWIGHT

_____ Electronic Signature of Signing Officer or Director

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01/13/2009

_____ Date