

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90240 040 \*\*\*550.00

0138181 AB

**DOCUMENT # F99000001998**  
**1. Entity Name**  
**IFS NORTH AMERICA, INC.**

<b>Principal Place of Business</b> 10 N MARTINGALE RD STE 600 SCHAUMBURG IL 60173	<b>Mailing Address</b> 10 N MARTINGALE RD STE 600 SCHAUMBURG IL 60173
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 39-1292200	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM**  
**1200 SOUTH 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.**  
**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD <b>NAME</b> VANGBO, TERJE <b>STREET ADDRESS</b> 12000 WEST PARK PLACE <b>CITY-ST-ZIP</b> MILWAUKEE WI	<input type="checkbox"/> Delete
<b>TITLE</b> VD <b>NAME</b> DUNHAM, MICHAEL <b>STREET ADDRESS</b> 12000 WEST PARK PLACE <b>CITY-ST-ZIP</b> MILWAUKEE WI	<input type="checkbox"/> Delete
<b>TITLE</b> CD <b>NAME</b> NILSSON, BENGT <b>STREET ADDRESS</b> 4200 W. BROWN DEER RD., STE 100 <b>CITY-ST-ZIP</b> MILWAUKEE WI	<input type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> LUNDBERG, SVERKER <b>STREET ADDRESS</b> 8939 N 55TH STREET <b>CITY-ST-ZIP</b> MILWAUKEE WI	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> T <b>NAME</b> CLAESSON, ULF <b>STREET ADDRESS</b> 12000 WEST PARK PLACE <b>CITY-ST-ZIP</b> MILWAUKEE WI	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> S <b>NAME</b> NILSSON, JOHNNY <b>STREET ADDRESS</b> 12000 WEST PARK PLACE <b>CITY-ST-ZIP</b> MILWAUKEE WI	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> 10 N Martingale Rd Ste 600 <b>CITY-ST-ZIP</b> Schaumburg IL 60173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> Secretary / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> Teknikringen 5, SE-583 30 <b>CITY-ST-ZIP</b> Linköping Sweden	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> Treasurer 100 Martingale Rd Ste 600 <b>CITY-ST-ZIP</b> Schaumburg IL 60173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** SIGNATURE REQUIRED **7-25-01** **414-577-5105**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (5/01)