2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001998

Title:

Name: Address:

City-St-Zip:

FILED Feb 16, 2005 Secretary of State

Entity Name: IFS NORTH AMERICA, INC. **Current Principal Place of Business: New Principal Place of Business:** 10 N MARTINGALE RD STE 600 SCHAUMBURG, IL 60173 **Current Mailing Address: New Mailing Address:** 12000 WEST PARK PLACE MILWAUKEE, WI 53224 FEI Number: 39-1292200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition NORDIN, MICHAEL JAUDON, CINDY Name: Name: 2801 SLATER RD STE 100 10 N MARTINGALE RD SUITE 600 Address: Address: City-St-Zip: MORRISVILLE, NC 27560 City-St-Zip: SCHAUMBURG, IL 60173 Title: CD Title: CD () Delete (X) Change () Addition Name: NILSSON, BENGT Name: JOHANSSON, ERIC **TEKNIKRIGEN 5 TEKNIKRIGEN 5** Address: Address: LINKOPING, SW SE-5830 LINKOPING, SW SE-5830 City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: DWIGHT, MITCH DWIGHT, MITCH Name: Name: 2801 SLATER RD STE 100 71 FRANKLIN'S ROW 34305 SOLON RD Address: Address: City-St-Zip: MORRISVILLE, NC 27560 City-St-Zip: SOLON, OH 44139

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MITCH DWIGHT T 02/16/2005

() Delete

RONNINGEN, TRYGVE

10 N MARTINGDLE RD#600

SCHAUMBURG, IL 60173

() Change () Addition