



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | | |
|--|------------------|--|---|------------------|--------------|
| 1. Corporate ID No. 124336 | | 2. Name of Corporation VELUX Solutions Inc. | | | |
| 3. Street Address Principal Business Office 1418 Evans Pond Road | | | City Greenwood | State SC | Zip 29649 |
| 4. Business Phone No. 864-941-4709 | | 5. State of Incorporation South Carolina | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Patrick McKenzie | | | Vice President Name William F. Horvath | | |
| Street Address Ådalsvej 99 | | | Street Address 450 Old Brickyard Road | | |
| City 2970 Hørsholm | State Denmark | Zip | City Greenwood | State SC | Zip 29649 |
| Secretary Name William C. Benjamin | | | Treasurer Name Patrick McKenzie | | |
| Street Address 60 State Street | | | Street Address Ådalsvej 99 | | |
| City Boston | State MA | Zip 02109 | City 2970 Hørsholm | State Denmark | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name M. Dexter Hagy | | | Director Name Jørgen Tang-Jensen | | |
| Street Address Suite 1-D, 109 Laurens Road | | | Street Address Ådalsvej 99 | | |
| City Greenville | State SC | Zip 29607 | City 2970 Hørsholm | State Denmark | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 10,000 Comm | \$1.00 par value | | 1,000 | Common | \$1.00 |
| | | | | | |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

W F Horvath 02/25/2008
Signature Date
William F. Horvath
Print or Type Name
Vice President & CFO
Title

| |
|---------------------------------|
| FILED |
| File Date <u>FEB 28 2008</u> |
| Check No. _____ |
| By: <u>By 2496</u> |
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