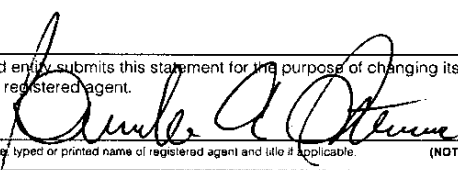


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F99000000509 1. Entity Name BEL/KAUKAUNA U.S.A., INC.						FILED 05 NOV 17 PM 2:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1500 E NORTH AVE LITTLE CHUTE, WI 54140-1400 US				Mailing Address P.O. BOX 1974 KAUKAUNA, WI 45130			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 22-2019556				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  Signature typed or printed name of registered agent and title if applicable.				Beverly Stuewe Assistant Secretary			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC TROUSSIER, MICHAEL 16 BLD MALSHERBES PARIS FRANCE,			☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELOFFRER, PHILIPPE 16 BLD MALSHERBES PARIS FRANCE,			☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENUE, MARINR 16 BLD MALSHERBES PARIS FRANCE,			☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GILBERT, ROBERT P 486 SUNRISE BAY ROAD NEENAH, WI 54956			☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PATZ, ALAN M 2491 IRONWOOD DRIVE GREEN BAY, WI 54303			☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE: 				Alan Patz			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 10/10/05		Daytime Phone # 920-788-3524	