

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90144 004 ***158.75

DOCUMENT # G58824

1. Entity Name
REIMELT CORPORATION

Principal Place of Business 13330 BYRD DRIVE ODESSA FL 33556-5312	Mailing Address 13330 BYRD DRIVE 33556-5312 ODESSA FL 33556-5312 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2324237** Applied For
 Not Applicable

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


6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE CO.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named _____ submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  DATE: _____
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIMELT, STEPHAN 13330 BYRD DRIVE ODESSA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP/CC (Co-President/Co-Chairman) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition REIMELT, STEPHAN 13330 BYRD DRIVE ODESSA FL 33556-5312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVGM SCHUBERT, HORST 13330 BYRD DRIVE ODESSA FL 33556-5312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP/CC (Co-President/Co-Chairman) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Geschka, Ralf 13330 Byrd Drive Odessa, FL 33556-5312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCHUBERT, HORST 13330 BYRD DRIVE ODESSA FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/CEO/GM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCHUBERT, HORST W. 13330 BYRD DRIVE ODESSA FL 33556-5312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JESKEY, ANTHONY 13330 BYRD DRIVE ODESSA FL 33556-5312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JESKEY, ANTHONY C. 13330 BYRD DRIVE ODESSA FL 33556-5312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP ANDERSON, ROBERT W 13330 BYRD DRIVE ODESSA FL 33556-5312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP/S/T/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANDERSON, ROBERT W. 13330 BYRD DRIVE ODESSA FL 33556-5312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCO ANDERSON, ROBERT W 13330 BYRD DRIVE ODESSA FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*PLEASE SEE ATTACHED SHEET <input type="checkbox"/> Change <input type="checkbox"/> Addition LISTING ALL OFFICERS & TITLES

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01 (813) 920-7434
 Day Daytime Phone #

ROBERT W. ANDERSON

CR2E034 (10/00)

Attachment
907397
05-8824

REIMELT CORPORATION OFFICERS

Stephan Reimelt
Co-President/Co-Chairman of the Board of Directors

Ralf Geschka
Co-President/Co-Chairman of the Board of Directors

Horst W. Schubert
Executive Vice President/Chief Executive Officer/General Manager

Robert W. Anderson
Senior Vice President/Secretary/Treasurer/Chief Operating Officer

Anthony C. Jeskey
Vice President
