FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32907** **(8)**

1. Corporation Name

MANNESMANN TALLY CORPORATION

Principal Place of Business	Mailing Address
8301 SOUTH 180TH STREET P.O. BOX 97018 KENT WA 98064	8301 SOUTH 180TH STREET P.O. BOX 97018 KENT WA 98064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/21/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
Suite, Apt. # or Rte. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. # or Rte. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **91-1496408** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statute. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1007 and/or 608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Service will be accepted by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

SIGNATURE(S)

12. OFFICER AND/OR DIRECTOR	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: MUNRO, WILLIAM STREET ADDRESS: 8301 SOUTH 180TH STREET CITY-ST-ZIP: KENT WA	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VSD NAME: PINSONNEAULT, ALAN A. STREET ADDRESS: 8301 SOUTH 180TH STREET CITY-ST-ZIP: KENT WA	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V NAME: LUO, ZONG STREET ADDRESS: 8301 SOUTH 180TH STREET CITY-ST-ZIP: KENT WA	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DC NAME: MUELLER, DRIK STREET ADDRESS: GLOCKERAUSTRIK CITY-ST-ZIP: 89275 ELCHINGEN GE	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: SCHNEIDER, BERNHARD STREET ADDRESS: 300 E 56 ST CITY-ST-ZIP: NEW YORK NY	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: WEISMULLER, A STREET ADDRESS: MANNESMANUFER CITY-ST-ZIP: 4000 DUSSELDORF GE	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

14. I further certify that the information supplied with this report, voluntarily furnished and 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 annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 206-251-5500
Date Daytime Phone #

0482101 FP