

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 819098

(5)

1. Corporation Name

BEIERSDORF-JOBST, INC.

Principal Place of Business

5825 CARNEGIE BLVD.
CHARLOTTE NC 28209
US

Mailing Address

5825 CARNEGIE BLVD.
CHARLOTTE NC 28209-4633
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/18/1965

3a. Date of Last Report

03/22/1996

4. FEI Number

34-4468774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such change was authorized 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

METZGER, PETER

STREET ADDRESS

P.O. BOX 5529

CITY-ST-ZIP

NORWALK CT

TITLE

D

☐ DELETE

NAME

MEYER-BURGDORF, HANS

STREET ADDRESS

UNNASTRASSE 48

CITY-ST-ZIP

HAMBURG, GERMANY

TITLE

P

☐ DELETE

NAME

GRAUMAN, ROBERT

STREET ADDRESS

4322 GOSFORD PLACE

CITY-ST-ZIP

CHARLOTTE NC

TITLE

V

☐ DELETE

NAME

PEELER, DONALD H.

STREET ADDRESS

6801 LINKSIDE CT

CITY-ST-ZIP

CHARLOTTE NC

TITLE

S

☐ DELETE

NAME

DETJEN, DAVID

STREET ADDRESS

90 PARK AVENUE

CITY-ST-ZIP

NEW YORK, NY 0

TITLE

V

☐ DELETE

NAME

KILKKA, ALLAN

STREET ADDRESS

4226 SHEPHERDLEAS LANE

CITY-ST-ZIP

CHARLOTTE NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual 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 if changed, or on an attachment with an address.

SIGNATURE:

Allan Kilkka

ALLAN KILKKA

4/29/97

704/554-9933

CR2E034 (9/96)