SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90003 041 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 819098

1. Corporation Name

BEIERSDORF-JOBST, INC.

Principal Place of Business	Mailing Address
5825 CARNEGIE BLVD. CHARLOTTE NC 28209 US	5825 CARNEGIE BLVD. CHARLOTTE NC 28209 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1965

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 34-4468774 ☐ 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 owes the current year intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, RONALD		1.2 NAME		
STREET ADDRESS	187 DANBURY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON CT 06897		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MEYER-BURGDORF, HANS		2.2 NAME		
STREET ADDRESS	UNNASTRASSE 48		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAMBURG, GERMANY		2.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	3.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	GRAUMAN, ROBERT		3.2 NAME	WIEGEL, CLAUS	
STREET ADDRESS	4322 GOSFORD PLACE		3.3 STREET ADDRESS	5825 CARNEGIE BLVD	
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP	CHARLOTTE, NC 28209	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PEELER, DONALD H.		4.2 NAME		
STREET ADDRESS	6801 LINKSIDE CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DETJEN, DAVID		5.2 NAME		
STREET ADDRESS	90 PARK AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 0		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KILKKA, ALLAN		6.2 NAME		
STREET ADDRESS	4226 SHEPHERDLEAS LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		6.4 CITY-ST-ZIP		

14. 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 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 U. Kilkka ALLAN U KILKKA 8-6-99 704 554-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)