

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# G58824

**Entity Name:** ZEPPELIN SYSTEMS USA, INC.

**Current Principal Place of Business:**

13330 - 13322 BYRD DRIVE  
ODESSA, FL 33556-5312

**Current Mailing Address:**

13330 BYRD DRIVE  
ODESSA, FL 33556-5312 US

**FEI Number: 59-2324237**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE CO.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           CEOD  
Name           ANDERSON, ROBERT W  
Address        13330 BYRD DRIVE  
City-State-Zip: ODESSA FL 33556-5312

Title           VS  
Name           IVKOVICH, BRIAN R  
Address        13330 BYRD DRIVE  
City-State-Zip: ODESSA FL 33556-5312

Title           T  
Name           KESSLER, UDO G  
Address        13330 BYRD DR  
City-State-Zip: ODESSA FL 33556-5312

Title           PCD  
Name           HORN, WOLFGANG  
Address        13330 BYRD DRIVE  
City-State-Zip: ODESSA FL 33556-5312

Title           OFFICER  
Name           HOECH, MICHAEL S  
Address        13330 BYRD DRIVE  
City-State-Zip: ODESSA FL 33556-5312

Title           OFFICER  
Name           KIEFER, AXEL  
Address        13330 BYRD DRIVE  
City-State-Zip: ODESSA FL 33556-5312

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT W ANDERSON**

**CEOD**

**04/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date