

**2020 FLORIDA PROFIT CORPORATION 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 P,CEO,D  
Name ANDERSON, ROBERT W  
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 V.O  
Name HOECH, MICHAEL S  
Address 13330 BYRD DRIVE  
City-State-Zip: ODESSA FL 33556-5312

Title CD  
Name WASSERMANN, ALEXANDER  
Address 13330 BYRD DRIVE  
City-State-Zip: ODESSA FL 33556-5312

Title V, O  
Name KILBRIDE, JOHN J  
Address 13330 BYRD DRIVE  
City-State-Zip: ODESSA FL 33556-5312

Title O  
Name MARQUARDT, STEPHEN  
Address 13330 BYRD DRIVE  
City-State-Zip: ODESSA FL 33556-5312

Title CFO  
Name BERENS, ANDREAS  
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**

**P,CEO,D**

**01/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date