

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006260

Entity Name: KROHNE, INC.**Current Principal Place of Business:**7 DEARBORN RD
PEABODY, MA 01960**Current Mailing Address:**7 DEARBORN RD
PEABODY, MA 01960**FEI Number:** 51-0236447**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT
Name	ELLIOTT, BRIAN
Address	7 DEARBORN RD
City-State-Zip:	PEABODY MA 01960

Title	DT
Name	DUBBICK, MICHAEL
Address	5 L KROHNE ST
City-State-Zip:	DULSBURG, GERMANY XX

Title	D
Name	NEUBURGER, STEPHAN
Address	5 L KROHNE ST
City-State-Zip:	DUISBURG, GERMANY XX

Title	DS
Name	WALD, INGO
Address	5 L KROHNE ST
City-State-Zip:	DUISBURG, GERMANY XX

Title	CEO
Name	MIMLER, STEPHEN
Address	7 DEARBORN RD
City-State-Zip:	PEABODY MA 01960

Title	COO
Name	SENK, ROBERT
Address	7 DEARBORN RD
City-State-Zip:	PEABODY MA 01960

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 SENK**COO****01/30/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date